

Surrey County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1954

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PREFACE

TO THE CHAIRMAN AND MEMBERS OF THE SURREY COUNTY COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Reports for the year 1954.

The population of the Administrative County continues to increase, being estimated by the Registrar-General as 1,385,200 at mid-year 1954 as against 1,375,500 at mid-year 1953. The excess of live births over deaths was 3,014, so that natural increase accounted for nearly one-third of the total increase in population of 9,700. The largest increase in population was in the Southern Division (3,660), while the North-Western, North-Central, Central and South-Western Divisions had increases of 1,620, 1,580, 1,240 and 1,130 respectively; the population of the North-Eastern Division showed a decrease of 500.

The crude birth rate, which had risen slightly to 13.22 in 1953, fell slightly again to 13.13 per thousand population in 1954. The "adjusted birth rate" for the County (which is a figure obtained by multiplying the crude birth rate by a "comparability factor" designed to compensate for differing age and sex distribution of the population) is 13.39 as compared with the birth rate for England and Wales of 15.2.

The infant mortality rate has for the first time fallen below 20 deaths per thousand live births, being 19.35 as compared with 20.56 in 1953. The actual number of infant deaths was 352. This rate is appreciably below that for England and Wales which was 25.5 in 1954. The neo-natal mortality rate also fell to 13.08 per thousand live births.

The death rate decreased from 11.46 in 1953 to 10.96 in 1954. The death rates from heart and vascular diseases increased from 5.66 in 1953 to 5.81 in 1954. The total deaths from cancer remained almost identical with last year: as regards the individual sites of the disease, however, deaths from cancers originating in the lung and bronchus showed their usual steady annual increase. Deaths due to this particular cancer from 1950 to 1954 have been 406 (0.30), 438 (0.32), 496 (0.36), 508 (0.37) and 592 (0.43) respectively, the figures in brackets being the rate per thousand population: no slackening off in this steady increase is apparent. Other forms of cancer, in general, show a slight decrease.

Only 153 persons died from pulmonary tuberculosis and only 26 from non-pulmonary tuberculosis in 1954, representing rates of 0.11 and 0.02 respectively. The corresponding figures for last year were 226 (0.16) and 25 (0.02). The decrease in notifications of new cases of pulmonary tuberculosis which was noted last year was maintained (988 notifications in 1953 and 865 in 1954). The scheme for B.C.G. vaccination of thirteen-year old school children was started in the autumn of 1954, and by the end of the year 57.85 per cent. of the age group had been vaccinated, while a further 13.62 per cent. had been found to be Mantoux-positive and, therefore, not to need vaccination. Attention is once again drawn to the excellent work of the Care Committees and to their Standing Conference for their care work among the tuberculous.

During the year, 17,974 children received a primary immunisation against diphtheria and 24,644 received re-inforcing doses; 12,108 persons were vaccinated and 3,739 were re-vaccinated against smallpox: and 14,757 children were inoculated against whooping cough and 2,277 received re-inforcing doses. All these figures (except that for re-vaccination against smallpox) represent increases over the previous year, and it is apparent that the scheme for inoculation against whooping cough which was introduced in 1952 is being well received by the public. One case of diphtheria was notified in a school child in the year and one death from whooping cough of a child under one year occurred.

New clinics at Addlestone and at Merstham and a new ambulance station at Chertsey were opened during the year.

During the year, the County Council became responsible for the distribution of welfare foods, and the transfer of this function from the Ministry of Food was effected smoothly. The distribution is increasingly being done from the welfare centres but a number of ad hoc premises are being used in addition and the County Council is greatly indebted to the Women's Voluntary Services for their readiness to help both with personnel and premises.

The scheme for radio control of ambulances which was introduced in 1953 was in full operation in the year and has proved most valuable both on grounds of efficiency and of economy.

The average equivalent full-time home helps employed weekly throughout the year was 496.4 and the total number of cases helped was 6,879—both increases over the previous year. Nearly half the total cases helped were chronic patients and over 70 per cent. of the total hours of service were given to these cases.

SURREY COUNTY COUNCIL

*With the Compliments
of the
County Medical Officer*

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The School Health Service.

The health of the school children throughout the County continues to be satisfactory. It is noteworthy that in 1953 only 2.6 per cent. of them were considered by the school medical officers to be of poor general condition, while in 1954 this figure has fallen to 2.07 per cent. Similarly the children described as fair (normal) have fallen from 54.6 per cent. to 50.2 per cent. while the numbers classified as good have risen from 42.8 per cent. to 47.73 per cent.

Twenty-six special investigations were undertaken in schools following the notification of cases of tuberculosis occurring amongst staff or children and a brief account of two of the investigations is given. The importance of Mantoux testing and routine mass radiography as a means of case finding and early diagnosis and the need to remove the infective patient from the school will be appreciated. In this regard the need to encourage teachers and other school workers to take advantage of the voluntary scheme of annual mass radiography is emphasised.

The provision for handicapped pupils in special schools and hostels was again increased during the year by the opening of additional schools for educationally subnormal and deaf children. This augmentation of existing facilities continues the policy of the Education Committee in extending facilities for handicapped pupils which have been made since the war. It should be noted, however, that wherever the condition of the handicapped child permits, education is given in the ordinary school and special placements are only made where it is thought the child will not be able to hold his own in a normal environment. There are great advantages in teaching a child to surmount his difficulties in a normal school surrounded by children possessing normal activities and interests.

In conclusion, I must once more call attention to the high standard of work of all members of the staff of the department both in the office and in the field, and to their willing and friendly co-operation with each other and with the staff of other departments.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. A. SOUTAR,

*County Medical Officer and
Principal School Medical
Officer.*

GENERAL STATISTICS AND SOCIAL CONDITIONS.

Area.

No changes affecting the area of the Administrative County took place during the year, but under the Guildford (Extension) Order, 1954, part of the parish of Worplesdon in the Rural District of Guildford, comprising approximately 138 acres, was transferred to the Borough of Guildford with effect from the 1st April, 1954.

Population.

The population of the Administrative County at the 1951 Census was 1,351,963, and the Registrar-General's estimate of the population at mid-year 1954 was 1,385,200, an increase of 9,700 over the comparable figure for mid-year 1953. The population under 1 year is given by the Registrar-General as 17,950, the population 1-4 years as 74,350, and the population 5-14 years 201,700.

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1950-1954 is shown in the following table :—

	1950.	1951.	1952.	1953.	1954.
Urban Districts... ..	1,211,720	1,204,700	1,211,300	1,219,600	1,228,760
Rural Districts	146,790	151,000	154,200	155,900	156,440
Administrative County	1,358,510	1,355,700	1,365,500	1,375,500	1,385,200
Increase or decrease over previous year ...	+21,250	-2,810	+9,800	+10,000	+9,700

The following table shows the population of each Sanitary District at the censuses of 1931 and 1951, and the Registrar-General's mid-year estimates for 1953 and 1954 :—

DISTRICTS.							Area in Acres.	Census Population.		Registrar-General's Estimates of Mid-year populations.	
								1931.	1951.	1953.	1954.
M.B. and Urban.											
1.	Banstead	...	...	...	...	...	12,821	18,734	33,529	34,300	35,010
2.	Barnes	...	...	...	...	...	2,519	42,440	40,567	40,110	40,170
3.	Beddington and Wallington	...	...	...	...	...	3,045	26,328	32,757	32,510	32,620
4.	Carshalton	...	...	...	...	...	3,346	28,586	62,721	61,680	61,610
5.	Caterham and Warlingham	...	...	...	...	...	8,233	21,774	31,293	31,970	32,920
6.	Chertsey	...	...	...	...	...	9,983	16,988	30,852	32,120	32,640
7.	Coulsdon and Purley	...	...	...	...	...	11,143	39,795	63,773	64,810	64,650
8.	Dorking	...	...	...	...	...	9,511	15,204	20,252	20,100	20,270
9.	Egham	...	...	...	...	...	9,350	17,196	24,690	25,800	26,190
10.	Epsom and Ewell	...	...	...	...	...	8,427	35,231	68,055	67,600	67,130
11.	Esher	...	...	...	...	...	14,847	32,407	51,432	51,610	52,470
12.	Farnham	...	...	...	...	...	9,039	19,005	23,928	24,150	24,520
13.	Frimley and Camberley	...	...	...	...	...	7,768	16,532	20,386	24,320	22,880
14.	Godalming	...	...	...	...	...	2,393	10,940	14,244	15,110	15,270
15.	Guildford	...	...	...	...	...	7,322	34,237	47,496	48,450	49,500
16.	Haslemere	...	...	...	...	...	5,751	9,168	12,003	11,840	11,740
17.	Kingston-on-Thames	...	...	...	...	...	1,408	39,825	40,172	39,940	39,160
18.	Leatherhead	...	...	...	...	...	11,187	16,483	27,206	28,910	29,780
19.	Malden and Coombe	...	...	...	...	...	3,164	23,350	45,566	45,500	45,910
20.	Merton and Morden	...	...	...	...	...	3,237	41,227	74,730	73,240	73,270
21.	Mitcham	...	...	...	...	...	2,932	56,872	67,269	66,430	66,050
22.	Reigate	...	...	...	...	...	10,255	34,547	42,248	44,890	47,610
23.	Richmond	...	...	...	...	...	4,109	39,276	41,944	42,440	42,480
24.	Surbiton	...	...	...	...	...	4,709	30,178	60,875	62,230	63,320
25.	Sutton and Cheam	...	...	...	...	...	4,338	48,363	80,673	79,040	79,200
26.	Walton and Weybridge	...	...	...	...	...	9,052	25,671	38,112	39,420	40,220
27.	Wimbledon	...	...	...	...	...	3,212	59,515	58,141	58,300	58,150
28.	Woking	...	...	...	...	...	15,708	35,987	47,596	52,780	54,020
Total							198,809	835,859	1,202,510	1,219,600	1,228,760
Rural.											
1.	Bagshot	...	...	...	...	...	16,083	11,080	14,109	14,380	14,480
2.	Dorking and Horley	...	...	...	...	...	53,943	18,485	25,832	27,060	27,580
3.	Godstone	...	...	...	...	...	52,507	25,866	32,823	33,830	34,070
4.	Guildford	...	...	...	...	...	59,644	31,554	45,488	47,850	47,040
5.	Hambleton	...	...	...	...	...	68,175	24,926	31,851	32,780	33,270
Total							250,352	111,911	150,103	155,900	156,440
Administrative County							449,161	947,770	1,352,613	1,375,500	1,385,200

The figures given by the Registrar-General express the populations for the 1931 Census as they would have appeared if the area boundaries at that time were the same as they are at present.

Housing.

NEW HOUSES.

I am indebted to the Clerks of the Local Authorities for the information contained in the following table regarding the number of houses erected in each sanitary district during 1954, the number in course of erection at the end of the year, and the number of inhabited houses on the rate books at 31st December, 1954. Included in these figures are houses re-erected after destruction by enemy action and buildings converted into flats.

SANITARY DISTRICT	By Local Authorities under assisted schemes				By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1954.
	of District		of Other Districts		Houses erected during year 1954.	Houses in course of erection at end of 1954	Houses erected during year 1954.	Houses in course of erection at end of 1954.	Houses erected during year 1954.	Houses in course of erection at end of 1954.	
	Houses erected during year 1954.	Houses in course of erection at end of 1954.	Houses erected during year 1954.	Houses in course of erection at end of 1954							
URBAN											
1 Banstead	65	30	430	258	254	106	—	—	749	394	11,229
2 Barnes (M.B.)	19	—	1	—	26	54	—	—	46	54	12,000
3 Beddington and Wallington (M.B.)	24	27	—	—	84	20	—	—	108	47	9,822
4 Carshalton	23	71	—	9	41	39	—	—	64	119	17,116
5 Caterham and Warlingham	56	28	—	—	123	188	—	—	179	216	8,400
6 Chertsey	24	118	—	—	223	190	—	—	247	308	8,352
7 Coulsdon and Purley ...	83	17	—	—	461	320	—	—	544	337	18,895
8 Dorking	56	159	—	—	62	47	—	—	118	206	5,619
9 Egham	94	204	—	—	110	234	—	—	204	438	7,050
10 Epsom and Ewell (M.B.) ...	103	16	—	—	190	105	—	—	293	121	18,750
11 Esher... ..	153	73	—	—	460	481	—	—	613	554	16,331
12 Farnham	90	30	—	—	116	129	—	—	206	159	7,626
13 Frimley and Camberley ...	186	116	—	—	94	50	—	—	280	166	5,462
14 Godalming (M.B.)	60	30	2	—	59	37	—	—	121	67	4,544
15 Guildford (M.B.)	210	216	—	—	167	193	—	—	377	409	14,612
16 Haslemere	58	22	—	—	44	13	—	—	102	35	3,557
17 Kingston-on-Thames (M.B.)	55	105	—	—	64	61	—	—	119	166	11,790
18 Leatherhead	—	9	—	—	393	335	—	—	393	344	8,885
19 Malden and Coombe (M.B.)	127	40	—	—	40	43	—	—	167	83	14,480
20 Merton and Morden ...	158	12	9	2	13	27	—	—	180	41	22,454
21 Mitcham (M.B.)	395	284	—	—	15	31	—	—	410	315	19,522
22 Reigate (M.B.)	241	55	21	—	196	93	—	—	458	148	13,462
23 Richmond (M.B.)	8	—	—	—	70	50	—	—	78	50	11,569
24 Surbiton (M.B.)	—	20	48	105	94	70	—	—	142	195	18,072
25 Sutton and Cheam (M.B.) ...	—	57	—	—	234	139	—	—	234	196	23,100
26 Walton and Weybridge ...	188	68	—	—	237	177	—	—	425	245	11,955
27 Wimbledon (M.B.)	50	89	—	—	61	47	—	—	111	136	16,223
28 Woking	148	269	217	30	321	256	—	—	686	555	14,325
Totals	2,674	2,165	728	404	4,252	3,535	—	—	7,654	6,104	355,202
RURAL.											
1 Bagshot	37	34	—	—	24	37	—	—	61	71	4,105
2 Dorking and Horley	97	102	—	—	144	128	—	—	241	230	8,205
3 Godstone	176	68	9	—	139	95	—	—	324	163	9,640
4 Guildford	67	94	—	—	347	256	—	—	414	350	13,728
5 Hambledon	112	36	—	—	100	87	—	—	212	123	9,620
Totals	489	334	9	—	754	603	—	—	1,252	937	45,298
Administrative County ...	3,163	2,499	737	404	5,006	4,138	—	—	8,906*	7,041†	400,500

* Includes 28 dwellings provided for agricultural workers.

† Includes 19 dwellings in course of erection for agricultural workers.

RATEABLE VALUE AND ESTIMATED PRODUCE OF A PENNY RATE.

The rateable value of the Administrative County on the 1st April, 1954, was £15,325,675, and the estimated produce of a 1d. rate for general County purposes for the year 1954-55 was £62,011.

VITAL STATISTICS.

The following statement compares the County birth and death rates for the year 1954 with the previous year and with the mean of the five years 1949-53.

	Per 1,000 Population				Maternal Mortality per 1,000 Live and Still Births.	Deaths of Infants under 1 year per 1,000 Live Births.
	Birth Rate	Death Rate	Death Rate from Pulmonary Tuberculosis.	Death Rate from Malignant Disease.		
1949	14.71	10.38	0.27	1.85	0.65	24.05
1950	13.53	10.41	0.23	1.82	0.69	21.86
1951	13.16	11.15	0.19	1.87	0.49	21.75
1952	12.91	10.57	0.17	1.90	0.72	20.93
1953	13.22	11.46	0.16	1.97	1.03	20.56
Mean of 5 years, 1949-53 ...	13.51	10.79	0.20	1.88	0.72	21.83
1954	13.13	10.96	0.11	1.96	0.38	19.35
Increase or decrease in 1954 on:						
5 years' average	—0.38	+0.17	—0.09	+0.08	—0.34	—2.48
Previous year	—0.09	—0.50	—0.05	—0.01	—0.65	—1.21

1. Births and Birth Rate.

The live births registered in or belonging to the County during the year numbered 18,193, as compared with 18,187 in the previous year, showing an increase of 6. The birth rate for the year was 13.13, as compared with 13.22 for the previous year.

The live birth rate is based on the number of live births per 1,000 of the estimated population of the area. The local rates shown in the Table on page 10 are not validly comparable by reason of the fact that the areal populations on which they are based may be of widely differing sex-age constitutions. With a view to eliminating this element of variation the Registrar-General has supplied a comparability factor for each area and this when multiplied by the live birth rate of the area produces an adjusted rate which may be regarded as comparable with the adjusted rate of any other area or with the crude live birth rate for England and Wales.

The factor for the Administrative County is 1.02, for the aggregate of Urban Districts 1.02 and for the Rural Districts 1.07. The effect of these factors on the 1954 crude live birth rates is shewn below :—

	<i>Administrative County.</i>	<i>Urban Districts.</i>	<i>Rural Districts.</i>
	<i>per 1,000 of estimated home population.</i>		
Crude rates	13.13	13.04	13.88
Adjusted rates	13.39	13.30	14.85

The birth rate for England and Wales for 1954 was 15.2 and for 1953, 15.5.

In addition to the 18,193 live births in Surrey, there were 352 still births and the rate of still births per 1,000 live and still births was 18.98.

Of the 18,193 live births 778 or 4.28 per cent. were illegitimate, as compared with 751 or 4.13 per cent. in 1953.

The incidence of live births, still births and illegitimate births in recent years was as follows :—

Year.	Live births.	Live birth rate.	Still births.	Rate of still births per 1,000 live and still births.	Illegitimate births.	Percentage of total live births.
1931 ...	13,125	13.92	441	32.5	564	4.3
1940 ...	16,445	13.52	482	28.5	710	4.32
1941 ...	16,011	13.47	469	28.5	1,048	6.55
1942 ...	19,706	16.57	562	27.7	1,251	6.35
1943 ...	20,436	17.34	571	27.2	1,420	6.95
1944 ...	20,377	17.86	512	24.5	1,561	7.76
1945 ...	18,676	16.03	400	21.0	1,670	8.94
1946 ...	23,086	18.19	540	22.9	1,381	5.98
1947 ...	24,099	18.48	525	21.3	1,102	4.58
1948 ...	20,926	15.79	412	19.3	997	4.76
1949 ...	19,668	14.71	399	19.9	897	4.56
1950 ...	18,386	13.53	358	19.1	777	4.23
1951 ...	17,841	13.16	383	21.0	728	4.08
1952 ...	17,633	12.91	344	19.1	682	3.87
1953 ...	18,187	13.22	337	18.2	751	4.12
1954 ...	18,193	13.13	352	19.0	778	4.28

2. Deaths and Death Rate.

The number of deaths registered in the Administrative County during 1954 was 15,179, as compared with 15,764 in the year 1953. The crude death rate for 1954 was 10.96, compared with 11.46 for 1953. The death rate for England and Wales was 11.3 compared with 11.4 for 1953.

3. Infant Mortality.

The number of infants under one year who died during 1954 was 352 compared with 374 in 1953. This represents an infant mortality rate of 19.35 per 1,000 live births as compared with a corresponding rate of 20.56 for the year 1953 and is the lowest ever recorded in Surrey. The comparable figures for England and Wales were 25.5 in 1954, and 26.8 in 1953.

The following table gives certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey :—

Year.	England and Wales.			Surrey.		
	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.	Infant Mortality Rate.	Neo-Natal Mortality Rate.	Mortality Rate 4 weeks to 12 months.
1931 ...	65.7	31.5	34.2	43.12	24.84	18.28
1939 ...	50.6	28.3	22.3	37.61	24.60	13.01
1940 ...	56.8	29.6	27.2	41.62	24.57	17.05
1941 ...	60.0	29.0	31.0	44.60	26.17	18.43
1942 ...	50.6	27.2	23.4	38.26	23.09	15.17
1943 ...	49.1	25.2	23.9	36.70	22.36	14.34
1944 ...	45.4	24.4	21.0	36.90	22.03	14.87
1945 ...	46.0	24.8	21.2	34.05	22.06	11.99
1946 ...	42.9	24.5	18.4	27.85	18.84	9.01
1947 ...	41.4	22.7	18.7	27.68	18.22	9.46
1948 ...	33.9	19.7	14.2	23.94	16.06	7.88
1949 ...	32.4	19.3	13.1	24.05	16.07	7.98
1950 ...	29.8	18.5	11.3	21.86	15.45	6.41
1951 ...	29.6	18.8	10.8	21.75	16.31	5.44
1952 ...	27.6	18.3	9.3	20.93	14.57	6.36
1953 ...	26.8	17.7	9.1	20.56	13.86	6.70
1954 ...	25.5	17.7	7.8	19.35	13.08	6.27

The following table gives the births and birth rates, both live and still, the deaths and death rates, both crude and standardised,* and the infant mortality in each of the Sanitary Districts and in the Administrative County during 1954 :—

DISTRICTS	Live births.	Live birth rate.	Adjusted birth rate.	Still births.	Rate per 1,000 live and still births.	Deaths.	Crude death rate.	Standardised Death Rate.	Excess of births over deaths.	Infants dying	
										under 1 month.	1-12 months.
M.B. and Urban											
Banstead...	427	12.20	13.79	9	20.64	513	14.65	13.33	-86	2	2
Barnes ...	407	10.13	10.13	10	23.98	518	12.90	10.45	-111	7	2
Beddington and Wallington	416	12.75	13.52	8	18.87	347	10.64	9.47	69	3	3
Carshalton ...	824	13.37	12.84	20	23.70	498	8.08	9.78	325	12	3
Caterham and Warlingham	436	13.24	13.50	8	18.02	298	9.05	9.68	138	8	2
Chertsey ...	499	15.29	14.37	8	15.78	336	10.29	11.63	163	7	5
Coulsdon and Purley	834	12.90	13.93	18	21.12	914	14.14	12.30	-80	7	2
Dorking ...	274	13.52	14.60	2	7.25	227	11.20	9.30	47	6	4
Egham ...	346	13.21	12.95	3	8.60	291	11.11	10.33	55	10	1
Epsom and Ewell	653	9.73	10.90	6	9.10	1,141	17.00	14.96	-488	8	1
Esher ...	679	12.94	13.33	12	17.37	560	10.67	9.71	119	7	4
Farnham...	342	13.95	14.65	6	17.24	369	15.05	10.99	-27	3	3
Frimley and Camberley	417	18.22	19.13	11	25.70	191	8.35	8.60	226	10	3
Godalming ...	203	13.29	13.95	3	14.56	136	8.91	7.66	67	2	1
Guildford ...	750	15.15	14.70	9	11.86	561	11.33	9.97	189	14	9
Haslemere ...	146	12.44	12.19	4	26.67	160	13.63	10.50	-14	1	2
Kingston-on-Thames	534	13.64	12.96	15	27.32	450	11.49	9.88	84	7	4
Leatherhead ...	382	12.83	13.73	8	20.51	243	8.16	6.94	139	7	3
Malden and Coombe	507	11.04	11.59	7	13.62	415	9.04	9.13	92	7	3
Merton and Morden	792	10.81	11.24	18	22.22	613	8.37	9.04	179	4	4
Mitcham ...	901	13.64	12.96	26	28.05	581	8.80	10.03	320	8	4
Reigate ...	687	14.43	15.15	13	18.57	572	12.01	9.37	115	5	4
Richmond ...	621	14.62	13.60	11	17.41	526	12.38	9.90	95	9	4
Surbiton ...	816	12.89	12.89	13	15.68	596	9.41	9.50	220	5	4
Sutton and Cheam	959	12.11	12.59	14	14.39	810	10.23	9.51	150	14	4
Walton and Weybridge	565	14.05	13.91	10	17.39	384	9.55	8.98	181	8	2
Wimbledon ...	784	13.48	12.94	18	22.44	619	10.64	8.51	165	11	1
Woking ...	820	15.18	15.33	14	16.79	686	12.70	11.68	134	11	10
Total	16,021	13.04	13.30	304	18.62	13,555	11.03	10.15	2,466	203	94
Rural											
Bagshot ...	195	13.47	14.41	6	29.85	151	10.43	9.28	44	4	—
Dorking and Horley	437	15.84	16.79	6	13.54	248	8.99	8.09	189	5	3
Godstone ...	465	13.65	14.74	13	27.20	464	13.62	11.99	1	10	4
Guildford ...	660	14.03	15.43	16	23.67	444	9.44	8.97	216	9	9
Hambleton ...	415	12.47	12.97	7	16.59	317	9.53	8.01	98	7	4
Total	2,172	13.88	14.85	48	21.62	1,624	10.38	9.34	548	35	20
Administrative County	18,193	13.13	13.39	352	18.98	15,179	10.96	10.08	3,014	238	114

* The standardised death rate is based on information supplied by the Registrar-General, and the effect of standardising the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

With regard to the deaths and death rates, it should be noted that owing to a recent ruling of the Registrar-General deaths occurring in mental hospitals, homes for the aged, etc., are no longer referred to the district from where these persons came, but are shown as deaths attributable to the district in which the institutions are situated. This naturally weighs heavily against those districts.

The infant mortality rates in the urban and the rural districts respectively were 18.54 and 25.32: the neo-natal mortality rates for the urban and the rural districts respectively were 12.67 and 16.11.

4. Maternal Mortality.

In 1954 7 women died from causes associated with pregnancy and child bearing, including abortion. This gives a maternal mortality rate of 0.38 per thousand live and still births. The corresponding figures for England and Wales in 1954 were 478 and 0.69: and for Surrey in 1953 were 19 and 1.03.

5. Main Causes of Death.

The number of deaths and the death rates per 1,000 population from each of the four main causes of death in each of the sanitary districts and in the Administrative County during 1954, together with the total number of deaths from each of these diseases in the Urban and Rural areas and in the Administrative County, are shown in the following table :—

DISTRICTS.	Heart and Vascular Disease.						Tuberculosis.		Respiratory diseases (Non-Tuberculous)		Malignant Disease.															
	Vascular lesions of nervous system.		Coronary disease, angina.		Hyper-tension with heart disease.		Other heart disease.		Other circulatory disease.		Pulmonary.		Non-Pulmonary.		Malignant neoplasm, stomach.		Malignant neoplasm, lung, bronchus.		Malignant neoplasm, breast.		Malignant neoplasm, uterus.		Other malignant and lymphatic neoplasms.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000		
M.B. and Urban.																										
Banstead	54	1.54	53	1.51	9	0.26	111	3.17	31	0.89	9	0.26	1	0.03	88	2.51	9	0.26	17	0.49	11	0.31	3	0.09	34	0.97
Barnes	90	2.24	75	1.87	14	0.35	58	1.44	30	0.75	8	0.20	—	—	56	1.39	11	0.27	20	0.50	12	0.30	6	0.15	51	1.27
Beddington and Wallington	57	1.75	50	1.53	8	0.25	56	1.72	14	0.43	2	0.06	1	0.03	29	0.89	8	0.25	13	0.40	10	0.31	3	0.09	36	1.10
Carslifton	66	1.07	74	1.20	6	0.10	86	1.40	24	0.39	11	0.18	3	0.05	43	0.70	15	0.24	30	0.49	8	0.13	2	0.03	44	0.71
Caterham and Warlingham	43	1.31	39	1.18	4	0.12	49	1.49	12	0.36	1	0.03	—	—	31	0.94	8	0.24	12	0.36	4	0.12	3	0.09	23	0.70
Chertsey	46	1.41	50	1.53	6	0.18	41	1.26	16	0.49	6	0.18	1	0.03	38	1.16	9	0.23	14	0.43	8	0.25	—	—	29	0.89
Coulson and Purley ...	128	1.98	130	2.01	35	0.54	135	2.09	64	0.99	8	0.12	2	0.03	18	1.36	16	0.25	28	0.43	13	0.20	3	0.05	82	1.27
Dorking	44	2.17	26	1.28	2	0.10	34	1.68	17	0.84	2	0.10	—	—	14	0.69	4	0.20	12	0.50	6	0.30	3	0.15	17	0.84
Egham	48	1.83	32	1.22	2	0.08	75	2.86	18	0.69	—	—	—	—	22	0.84	7	0.27	10	0.38	4	0.15	—	—	24	0.92
Epsom and Ewell	150	2.23	119	1.77	17	0.25	320	4.77	49	0.73	26	0.39	1	0.01	95	1.42	19	0.28	28	0.42	19	0.28	3	0.04	76	1.13
Esher	95	1.81	90	1.72	13	0.25	71	1.35	29	0.55	—	—	—	—	39	0.74	13	0.25	28	0.53	22	0.42	5	0.10	58	1.11
Farnham	64	2.61	48	1.96	7	0.29	57	2.32	18	0.73	1	0.04	1	0.04	34	1.39	8	0.33	10	0.41	8	0.33	2	0.08	29	1.18
Frimley and Camberley	40	1.75	21	0.92	4	0.17	27	1.18	11	0.48	2	0.09	1	0.04	14	0.61	3	0.13	9	0.39	3	0.13	1	0.04	13	0.57
Godalming	19	1.24	18	1.18	2	0.13	20	1.31	11	0.72	—	—	1	0.07	17	1.11	4	0.26	4	0.26	2	0.13	—	—	16	1.05
Guildford	92	1.86	89	1.80	19	0.38	61	1.23	27	0.55	6	0.12	1	0.02	58	1.17	10	0.20	24	0.48	9	0.18	2	0.04	59	1.19
Haslemere	29	2.47	27	2.30	2	0.17	25	2.13	9	0.77	1	0.09	—	—	10	0.85	1	0.09	6	0.51	7	0.60	—	—	17	1.45
Kingston-on-Thames	66	1.69	62	1.58	16	0.41	52	1.33	37	0.94	3	0.08	1	0.03	56	1.43	5	0.13	18	0.46	6	0.15	1	0.03	42	1.07
Leatherhead	41	1.38	35	1.18	2	0.07	42	1.41	10	0.34	6	0.20	—	—	17	0.57	6	0.20	10	0.34	3	0.10	2	0.07	30	1.01
Malden and Coombe	81	1.76	73	1.59	11	0.24	47	1.02	25	0.54	6	0.13	1	0.02	19	0.41	10	0.22	21	0.46	9	0.20	—	—	41	0.89
Merton and Morden ...	76	1.04	123	1.08	14	0.19	75	1.02	31	0.42	8	0.08	2	0.03	42	0.57	26	0.35	37	0.50	10	0.14	1	0.01	70	0.96
Mitcham	68	1.03	100	1.51	12	0.18	74	1.12	39	0.59	8	0.12	3	0.05	65	0.98	18	0.27	27	0.41	10	0.15	1	0.02	52	0.79
Reigate	98	2.06	82	1.72	11	0.23	85	1.79	27	0.57	5	0.11	—	—	45	0.95	8	0.17	16	0.34	12	0.25	4	0.08	48	1.01
Richmond	63	1.48	68	1.60	10	0.24	86	2.02	38	0.89	4	0.09	—	—	47	1.11	9	0.21	27	0.64	7	0.16	2	0.05	44	1.04
Surbiton	79	1.25	98	1.55	15	0.24	85	1.34	33	0.82	6	0.09	—	—	55	0.87	14	0.22	24	0.38	11	0.17	2	0.03	69	1.09
Sutton and Cheam	117	1.48	126	1.59	22	0.28	124	1.57	31	0.39	6	0.08	2	0.03	78	0.98	17	0.21	38	0.48	20	0.25	6	0.08	89	1.12
Walton and Weybridge	53	1.32	68	1.69	13	0.32	45	1.12	30	0.75	1	0.02	—	—	28	0.70	10	0.25	18	0.45	6	0.15	6	0.15	33	0.82
Wimbledon	79	1.36	101	1.74	19	0.33	82	1.41	33	0.57	3	0.06	1	0.02	55	0.95	15	0.26	29	0.50	18	0.31	1	0.02	66	1.13
Woking	77	1.43	84	1.55	20	0.37	173	3.20	35	0.65	3	0.05	—	—	65	1.20	15	0.28	17	0.31	15	0.28	3	0.06	57	1.06
Total	1,963	1.60	1,961	1.60	315	0.26	2,196	1.79	749	0.61	140	0.11	23	0.02	1,248	1.02	298	0.24	547	0.45	273	0.22	65	0.05	1,249	1.02
Rural.																										
Bagshot	26	1.80	22	1.52	3	0.21	27	1.86	6	0.41	2	0.14	—	—	9	0.62	3	0.21	5	0.35	6	0.41	—	—	13	0.90
Dorking and Horley	35	1.27	29	1.05	5	0.18	48	1.74	16	0.58	5	0.18	1	0.04	23	0.83	6	0.22	4	0.15	4	0.15	3	0.11	27	0.98
Godstone	70	2.05	50	1.47	9	0.26	88	2.58	28	0.82	3	0.09	—	—	51	1.50	9	0.26	12	0.35	7	0.21	2	0.06	39	1.14
Guildford	74	1.57	65	1.38	11	0.23	58	1.23	27	0.57	1	0.02	1	0.02	34	0.72	8	0.17	14	0.30	7	0.15	5	0.11	37	0.79
Hambleton	35	1.05	55	1.65	9	0.27	48	1.44	25	0.76	2	0.06	1	0.03	18	0.54	8	0.24	10	0.30	8	0.24	4	0.12	34	1.02
Total	240	1.53	221	1.41	37	0.24	269	1.72	102	0.65	13	0.08	3	0.02	135	0.86	34	0.22	45	0.29	32	0.20	14	0.09	150	0.96
Administrative County 1954	2,203	1.59	2,182	1.58	352	0.25	2,465	1.78	851	0.61	153	0.11	26	0.02	1,383	1.00	332	0.24	592	0.43	305	0.22	79	0.06	1,399	1.01
.....	(2,076)	(1.51)	(1,981)	(1.44)	(320)	(0.23)	(2,549)	(1.85)	(868)	(0.63)	(226)	(0.16)	(25)	(0.02)	(1,823)	(1.33)	(360)	(0.26)	(508)	(0.37)	(289)	(0.21)	(124)	(0.09)	(1,427)	(1.04)
Percentage of Total Deaths in 1954	14.51	(13.17)	14.38	(12.57)	2.32	(2.03)	16.24	(16.17)	5.61	(5.51)	1.01	(1.43)	0.17	(0.16)	9.11	(11.56)	2.19	(2.28)	3.90	(3.22)	2.01	(1.83)	0.52	(0.79)	9.22	(9.05)

The figures shown in brackets relate to the year 1953.

ADMINISTRATIVE COUNTY OF SURREY.

6. Causes of Death at Different Periods of Life, 1954.

The causes of all deaths during 1954 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table :—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
All Causes	M. F.	6,533 7,022	181 116	32 20	40 27	67 36	289 265	1,752 1,198	1,829 1,693	2,343 3,667	799 825	36 19	3 7	6 5	6 3	37 30	172 132	230 206	309 423		
1. Tuberculosis, Respiratory ...	M. F.	91 49	— —	— —	— 1	4 1	12 20	37 14	25 7	13 6	10 3	— —	— 1	— —	— —	2 1	7 1	1 —	— —		
2. Tuberculosis, Other...	M. F.	15 8	— —	1 1	— 2	— 1	5 1	4 2	2 —	3 1	1 2	— —	1 —	— —	— —	— —	— 1	— —	— 1		
3. Syphilitic Disease	M. F.	40 23	— —	— —	— —	— —	5 —	13 2	13 10	9 11	3 2	— —	— —	— —	— —	1 —	1 —	— 1	1 1		
4. Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
5. Whooping Cough	M. F.	1 —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
6. Meningococcal Infections ...	M. F.	2 3	1 —	1 2	— —	— —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
7. Acute Poliomyelitis...	M. F.	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	— —	— —	— 1	— —	— —		
8. Measles	M. F.	1 —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
9. Other Infective and Para- sitic Diseases	M. F.	12 15	— —	— —	— —	— —	2 3	4 7	3 5	3 —	— —	— —	— —	— —	— —	— —	— —	— —	— —		
10. Malignant Neoplasm, Stomach	M. F.	143 155	— —	— —	— —	— —	5 3	46 37	49 52	43 63	21 13	— —	— —	— —	— —	1 1	6 3	7 6	7 3		
11. Malignant Neoplasm, Lung, Bronchus	M. F.	470 77	— —	— —	— —	— —	20 8	255 31	155 25	40 13	39 6	— —	— —	— —	— —	— —	19 4	15 2	5 —		
12. Malignant Neoplasm, Breast	M. F.	1 272	— —	— —	— —	— —	— 24	— 127	— 66	1 55	— 32	— —	— —	— —	— —	— 3	— 11	— 10	— 8		
13. Malignant Neoplasm, Uterus	M. F.	— 65	— —	— —	— —	— —	— 6	— 30	— 16	— 13	— 14	— —	— —	— —	— —	— 1	— 3	— 6	— 4		
14. Other Malignant and Lymphatic Neoplasms	M. F.	639 610	— —	2 —	4 8	11 1	41 31	196 205	184 170	201 195	71 79	— —	— —	— —	2 —	3 7	16 23	26 23	24 26		
15. Leukæmia, Aleukemia ...	M. F.	39 26	— —	2 —	6 3	— 1	3 5	17 6	6 8	5 3	2 9	— —	— 1	— 2	— 1	— 1	— 2	2 2	— —		
16. Diabetes	M. F.	13 42	— —	— —	— —	— —	2 3	2 5	2 18	7 16	3 6	— —	— 1	— —	— —	1 1	— —	2 2	— 2		
17. Vascular Lesions of Nervous System	M. F.	751 1,212	— —	— —	— —	3 —	9 17	163 159	207 332	369 704	92 148	— —	— —	— —	— —	3 2	10 18	30 36	49 92		
18. Coronary Disease, Angina...	M. F.	1,183 778	— —	— —	— —	1 —	30 5	420 113	388 268	344 392	138 83	— —	— —	— —	— —	2 2	40 10	46 30	50 41		
19. Hypertension with Heart Disease	M. F.	120 195	— —	— —	— —	— —	2 2	22 21	40 60	56 112	17 20	— —	— —	— —	— —	— —	4 4	8 6	5 10		
20. Other Heart Disease ...	M. F.	834 1,362	— —	— —	— —	1 1	18 17	93 114	215 255	507 975	111 158	— 1	— —	— —	— —	3 1	11 6	31 31	66 119		
21. Other Circulatory Disease ...	M. F.	314 435	— —	— —	— —	— 1	9 8	65 47	89 80	151 299	48 54	— —	— —	— —	— —	2 —	9 10	15 13	22 31		
22. Influenza	M. F.	13 13	— —	— —	— —	— —	1 2	5 2	3 —	4 9	2 3	— —	— —	— —	— —	— —	— 1	1 2	1 —		

Continued overleaf

ADMINISTRATIVE COUNTY OF SURREY—*continued.*CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1954—*continued.*

The causes of all deaths during 1954 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts in the following table:—

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
23. Pneumonia	M. F.	280 347	22 11	7 3	2 1	4 4	11 7	50 32	71 66	113 223	44 30	2 —	— 1	— —	— —	3 1	3 1	7 7	29 20		
24. Bronchitis	M. F.	333 164	— 2	1 —	2 —	1 —	2 2	95 23	120 37	112 100	34 14	1 —	1 —	— —	— —	1 —	8 1	10 6	13 7		
25. Other Diseases of Respiratory System	M. F.	78 46	1 —	2 —	— 2	— 1	3 2	25 13	21 10	26 18	5 8	— 1	— —	1 —	— —	— —	1 2	— 1	3 4		
26. Ulcer of Stomach and Duodenum	M. F.	112 44	— —	— —	— —	— —	3 1	39 8	37 10	33 25	11 6	— —	— —	— —	— —	— —	3 2	5 2	3 2		
27. Gastritis, Enteritis and Diarrhoea	M. F.	23 35	4 2	1 1	— —	— 1	— 2	7 4	7 7	4 18	4 7	3 3	— —	— —	— —	— —	1 1	— —	3 3		
28. Nephritis and Nephrosis ...	M. F.	67 59	— —	1 —	1 —	3 2	11 5	23 22	15 9	13 21	7 1	— —	— —	— —	— —	2 —	1 1	1 —	3 —		
29. Hyperplasia of Prostate ...	M. F.	106 —	— —	— —	— —	— —	— —	3 —	35 —	68 —	8 —	— —	— —	— —	— —	— —	— —	4 —	4 —		
30. Pregnancy, Childbirth, Abortion	M. F.	— 6	— —	— —	— —	— 1	— 4	— 1	— —	— —	— 1	— —	— —	— —	— —	— 1	— —	— —	— —		
31. Congenital Malformations ...	M. F.	69 45	45 25	5 —	3 1	1 4	4 3	5 8	3 3	3 1	10 6	7 5	1 —	— —	— —	1 —	1 1	— —	— —		
32. Other Defined and Ill-defined Diseases	M. F.	477 684	97 70	4 6	10 2	11 10	38 49	86 119	84 128	147 300	68 86	20 9	— —	1 3	— 1	2 5	15 18	12 13	18 37		
33. Motor Vehicle Accidents ...	M. F.	93 29	— —	1 —	5 2	18 3	14 7	21 6	16 5	18 6	20 4	— —	— —	1 —	2 1	4 —	10 2	2 —	1 1		
34. All Other Accidents ...	M. F.	130 158	10 6	4 6	6 5	7 3	14 9	24 16	26 32	39 81	19 21	3 —	— 3	2 —	2 —	3 1	4 1	2 5	3 11		
35. Suicide	M. F.	78 62	— —	— —	— —	1 1	25 18	28 23	13 14	11 6	11 7	— —	— —	1 —	— —	3 1	3 4	2 2	2 —		
36. Homicide and Operations of War	M. F.	4 3	— —	— 1	— —	— —	— —	4 1	— —	— 1	— 1	— —	— —	— —	— —	— 1	— —	— —	— —		

8. Tuberculosis.

(a) NOTIFICATIONS.

The summary of returns for 1954 from the Medical Officers of Health of County Districts shows that primary notifications were received in respect of 865 cases of pulmonary tuberculosis and 142 cases of non-pulmonary tuberculosis during the year.

The notifications and the case rates, the death and the death rates for pulmonary tuberculosis and for other forms of tuberculosis in 1954 and in certain preceding years were as follows :—

Year.	PULMONARY TUBERCULOSIS				OTHER FORMS OF TUBERCULOSIS.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1921	648	0.88	449	0.61	127	0.17	109	0.14
1931	802	0.85	524	0.56	194	0.21	81	0.09
1938	810	0.68	493	0.42	257	0.22	75	0.06
1939	833	0.69	484	0.40	230	0.19	87	0.07
1940	945	0.77	564	0.46	240	0.19	94	0.08
1941	1,049	0.88	566	0.48	280	0.24	116	0.10
1942	1,097	0.92	531	0.45	272	0.23	96	0.08
1943	1,140	0.97	506	0.43	309	0.26	96	0.08
1944	1,218	1.07	474	0.42	261	0.23	75	0.07
1945	1,117	0.96	491	0.42	213	0.18	85	0.07
1946	1,056	0.91	407	0.32	188	0.15	85	0.07
1947	1,192	0.91	426	0.33	178	0.14	67	0.05
1948	1,048	0.79	445	0.34	182	0.14	58	0.04
1949	1,137	0.85	363	0.27	149	0.11	53	0.04
1950	1,147	0.84	314	0.23	187	0.14	50	0.04
1951	1,118	0.82	260	0.19	155	0.11	37	0.03
1952	1,209	0.89	227	0.17	136	0.10	26	0.02
1953	988	0.72	226	0.16	131	0.10	25	0.02
1954	865	0.62	153	0.11	142	0.10	26	0.02

The case-rate of pulmonary tuberculosis per thousand of the population was the lowest recorded since tuberculosis became notifiable in 1912, namely, 0.62. The previous lowest record was 0.66 in 1935. The number of notifications of pulmonary tuberculosis decreased by 123 in comparison with the 1953 figure. These reductions re-emphasise the value of sustaining a programme which incorporates intensification of preventive measures and the continued up-grading of chest clinic and diagnostic facilities.

The case-rate of non-pulmonary tuberculosis for 1954 was the same (0.10) as that for the two previous years (the lowest recorded in Surrey).

The age and sex distributions of the new notifications received by the District Medical Officers of Health throughout the year are as follows :—

Age period.					Pulmonary.		Non-Pulmonary.		Totals.
					Male.	Female.	Male.	Female.	
Under one year	...	...	...	—	2	—	—	2
One and under 2 years	...	...	...	2	—	1	—	3
2	"	"	5	5	7	7	3	22	
5	"	"	10	13	8	7	3	31	
10	"	"	15	11	19	10	6	46	
15	"	"	20	36	55	5	11	107	
20	"	"	25	66	72	6	9	153	
25	"	"	35	109	79	10	20	218	
35	"	"	45	77	45	5	9	136	
45	"	"	55	85	40	6	8	139	
55	"	"	65	52	21	1	5	79	
65	"	"	75	34	9	1	4	48	
75 and upwards	...	...	...	12	6	2	3	23
Totals					502	363	61	81	1,007
1953					587	401	51	80	1,119
1952					707	502	58	78	1,345
1951					655	463	78	77	1,273
1950					657	490	83	104	1,334
1949					677	460	67	82	1,286
1948					621	427	90	92	1,230
1947					719	473	88	90	1,370
1946					631	425	92	96	1,244
1945					671	446	102	111	1,330
1944					711	507	123	138	1,479

In comparison with the figures for 1953 the following noteworthy decreases occur in the number of notifications of pulmonary tuberculosis:—

<i>Males.</i> —Age group 15-20	...	=	21	<i>Females.</i> —Age group 20-25	...	=	17
„ „ 45-55	...	=	18	„ „ 35-45	...	=	29
„ „ 55-65	...	=	29				
			68				46
			==				==

The only outstanding increase (13) occurs in the pulmonary females, age group 45-55.

Apart from the above new notifications, during the year 545 cases of tuberculosis in Surrey became known through death returns, posthumous notifications, transfers from other areas, etc. (The corresponding figure for 1953 was 634.) The transfers from other areas comprised just over 92 per cent. of this group and there were 40 deaths of unnotified cases of tuberculosis.

The site of disease and place of death in the 40 unnotified cases were as follows :—

	In Hospitals	At Home	Total
Pulmonary tuberculosis	11	4	15
Tuberculous meningitis	2	—	2
Miliary tuberculosis	4	—	4
Genito-urinary tuberculosis	3	—	3
Deaths from other causes (T.B. also present) ...	6	6	12
Tuberculous adenitis	—	1	1
Tuberculous peritonitis	2	—	2
Tuberculous septicaemia	1	—	1
	29	11	40

The age distribution of the 15 unnotified deaths from pulmonary tuberculosis was 25-34, 4 ; 45-54, 3 ; 55-64, 3 ; 65 and over, 5.

The age distribution of the 25 unnotified deaths from non-pulmonary tuberculosis, miliary tuberculosis, and from other causes, tuberculosis being also present, was 2-4, 1 ; 25-34, 2 ; 35-44, 1 ; 45-54, 3 ; 55-64, 5 ; 65 and over, 13.

The reduction of unnotified cases of tuberculosis from 64 in 1952 and 54 in 1953, respectively, is encouraging, but the need for prompt notification must again be emphasised. Unnotified deaths in hospitals comprise 72 per cent. of the total unnotified deaths. It is hoped by continued emphasis on the statutory duty to notify cases suffering from tuberculosis further to reduce this figure.

Each District Medical Officer keeps a register of the known cases of tuberculosis resident in his sanitary district. The numbers of cases on the district registers on the 31st December, 1954, were as follows :—

	Pulmonary	Non-Pulmonary
Males	5,926	803
Females	4,749	960
Totals ...	10,675	1,763
Grand Total ...	12,438	

The total of 12,438 is an increase of 102 as compared with the figure (12,336) for 1953. The number of pulmonary cases has risen by 172 and the non-pulmonary figure has decreased by 70. The corresponding total for 1952 was 12,036.

It is of interest to compare the total cases shown on the District Medical Officers' non-statutory registers with those of the chest clinics which are now considered to be the "essential" registers.

The figures of cases both on the registers of the chest physicians and those of the district medical officers indicate the need to sustain an effective tuberculosis service, and serves in a measure to correct any over-optimism which may be derived from the reduction in the present notification and death rates. The registers of the District Medical Officers continue to be reviewed in relation to those of chest clinics so that they may approximate one another, except for known causes of variation.

The total of 10,027 cases on chest clinic registers for 1954, as set against 12,438 on the District Medical Officers' registers, represents a difference of 2,411. This discrepancy is inevitable since it is the practice to remove a name from the register of the chest clinic if the person has not attended for two years ; such persons may, of course, still have active tuberculosis. It is therefore vitally necessary for the District Medical Officer of Health to continue to keep a register which will show the total tuberculous cases in his area.

(b) DEATHS.

The deaths and the death rate per 1,000 of the population from pulmonary tuberculosis and from other forms of tuberculosis are shown in the table on page 15. The death rate for pulmonary tuberculosis (0.11) was the lowest recorded in Surrey, the previous low record being 0.16 in 1953. The death rate for non-pulmonary tuberculosis, namely 0.02, equalled the lowest recorded in Surrey, in 1952 and 1953.

The distribution of the deaths and the death rates from tuberculosis in the various sanitary districts of the County are shown on page 11.

(c) NEW CASES AND DEATHS.

The total number of new cases which became known either through formal notification or otherwise, as described above, was 1,552. The corresponding figure for 1953 was 1,753, and for 1952 was 1,873.

Of the 179 deaths which occurred during the year 1954, 40 or 22.3 per cent. occurred in non-notified cases. The corresponding figure for the year 1953 was 54 or 21.5 per cent.

WORK OF THE COUNTY HEALTH DEPARTMENT.

Details of the work of the department are given in the subsequent sections of the Report. There are, however, four matters which I would like also to refer to here, either because they were of special importance or because they were new developments.

Capital Building Programme.

The County Council are required to submit for the Minister's approval each year a provisional programme of Capital Building works which they plan to undertake in the ensuing financial year. The following is a list of such projects submitted in previous years which have been completed or are in the course of erection since my last Report:—

Project.	Purpose.	Present Position.
"Everleigh," Addlestone	Welfare Centre/School Clinic...	Completed November, 1954.
Botley's Park, Chertsey	Main Ambulance Station	Completed August, 1954.
Grand Drive, Morden	Welfare Centre/School Clinic	Work in progress.
Hill House, St. Helier	Main Ambulance Station	Work in progress.
L.C.C. Estate, Merstham	Welfare Centre/School Clinic...	Completed November, 1954.
Stonecot Hill, Sutton	Welfare Centre/School Clinic...	Work in progress.
Woking	Ambulance Sub-Station	Suitable existing premises purchased.

During the year the Council were informed by the Ministry that as they were committed to schemes on which building had already started costing some £70,000 in the current financial year, it would be unlikely that any new clinic schemes would receive approval before the beginning of the financial year 1955-56. Following discussions with officers of the Ministry, the Council were informed that subject to consideration of the need, building details and cost in each case, they could go forward with four clinic schemes at Amity Grove, Wimbledon; Between Streets, Cobham; Junction of Green Wrythe Lane and Middleton Road, Carshalton, and Chaldon Road, Caterham-on-the-Hill, in readiness for the building work to commence at the beginning of the financial year 1955-56.

When later in the year the Ministry requested the submission of the Council's Building Programme for 1955-56, they made it clear that any schemes submitted would not be likely to start in the financial year unless they were of special urgency or sufficiently well advanced to be submitted with full details. The Ministry asked at the same time for the Council's Building Programme for the financial year 1956-57.

In view of all the circumstances the Council decided to include in their Programme for 1955-56 the four clinics mentioned above and also, on the grounds of urgency, the clinic project at Pollards Hill, Mitcham, together with two Ambulance Sub-Station proposals which are of sufficient urgency and have reached the stage necessary to satisfy the Ministry's requirement. The complete Programme, as submitted to the Ministry, is shown below with the present position of each project:—

Project.	Purpose.	Present Position.
Amity Grove, West Wimbledon	Welfare Centre/School Clinic...	Proceeding to tender stage.
Between Streets, Cobham	Welfare Centre/School Clinic...	Proceeding to tender stage.
Junction of Green Wrythe Lane and Middleton Road, Carshalton	Welfare Centre/School Clinic...	Proceeding to tender stage.
Pollards Hill, Mitcham	Welfare Centre/School Clinic...	Sketch plans and estimates being prepared.
Chaldon Road, Caterham-on-the-Hill	Welfare Centre/School Clinic...	Sketch plans and estimates being prepared.
Haslemere	Ambulance Sub-Station	Sketch plans and estimates being prepared.
Walton Lodge Estate, Banstead	Ambulance Sub-Station	Sketch plans and estimates being prepared.

In addition, the Council submitted the following projects for 1956-57, which were selected from those projects submitted in previous years and still outstanding.

Welfare Centres/School Clinics.

Manor Drive, Malden.
Molesey.
Victoria Road, Horley.
Walton Lodge Estate, Banstead.

This programme did not include the proposal to erect a joint Library/Welfare Centre/School Clinic at Morden Road, Morden, as it was hoped that this work could be carried out by the Education Committee, with a subsequent apportionment of cost.

Ambulance Stations.

Reigate (Main).	}	One of these three Sub-stations to be selected later.
Wimbledon.		
Surbiton.		
North Cheam.		

M.D. Occupation and Training Centre.

Guildford.

This leaves the following projects still outstanding from Programmes submitted in previous years and these, with the addition of one new clinic project at Sanderstead, the Council decided to defer for inclusion in subsequent Programmes.

Welfare Centres/School Clinics.

Junction of Lloyd Avenue and The Mount, Carshalton.
 Rochester Road, Carshalton (extension of existing clinic).
 Junction of Acre and Cross Roads, Kingston.
 Church Street, Epsom (and Ambulance Sub-Station).
 Oxted.
 Sanderstead (new project).

The Council decided to defer indefinitely the Welfare Centre/School Clinic proposal previously envisaged at Hill House, St. Helier.

B.C.G. Vaccination of School Children.

As from 1950, the County Council has arranged for the B.C.G. vaccination of persons known to have been in contact with cases of tuberculosis where the risk of conveyance of infection existed and at the discretion of the Chest Physicians. Since the inception of this scheme over 3,000 persons have been B.C.G. vaccinated.

In the latter months of 1953, the Minister indicated that he was prepared to approve applications from local health authorities to make B.C.G. vaccination available to 13-year-old school children. B.C.G. vaccination is the same in principle as smallpox vaccination, namely, to produce in the body an artificially acquired resistance to the disease by injecting its causal organism in a form which does not cause active development of the disease itself. The decision whether to extend B.C.G. vaccination to 13-year-old children was left by the Minister to the discretion of the local health authorities and the County Council, after careful consideration, approved the extension of their scheme of B.C.G. vaccination to school children between their 13th and 14th birthdays, subject to parental consent and the necessary preliminary tests. Further details of the implementation of the scheme are given on page 38.

Distribution of Welfare Foods.

During the year, the Ministry of Health asked local health authorities to undertake the distribution of welfare foods (national dried milk, cod liver oil, vitamin A and D tablets, and orange juice) to beneficiaries under the National Welfare Foods Scheme when the local offices of the Ministry of Food closed at the middle of the year. As this duty is closely related to the County Council's duties under the Scheme for the Care of Mothers and Young Children, it was decided to undertake as much of this distribution as possible from the Welfare Clinics and other premises owned by the County Council, but it was found to be necessary to supplement this provision by a limited amount of additional accommodation and to recruit certain additional staff to assist in working the scheme. In this respect, I should like to pay tribute to the valuable and willing assistance given by the Women's Voluntary Services both in staffing distribution centres provided by the County Council and in permitting the use of part of their own accommodation for storage and distribution.

Further details of the scheme will be found on page 27.

Care of the Elderly Sick.

The Joint Liaison Committee comprising representatives of the County Health Committee, the Regional Hospital Board and the Executive Council gave much attention during the year to the problem of caring for the elderly sick, and has consulted the County Welfare Committee and also the Hospital Management Committees of general hospital groups through their Chairmen.

After due consideration that Committee came to the conclusion that the first essential is to provide for a proper assessment of the needs of the old people and to decide how each case should be dealt with, e.g., in their own homes, in welfare accommodation, or in hospital: that such assessment must be done by a medical officer who should be responsible for the running of the geriatric unit, including a geriatric out-patient clinic and all proper facilities for diagnosis, and who should

be in a position to recommend admission to hospital or welfare accommodation for cases requiring it, attendance at out-patient clinics, either general or special, and provision of the various domiciliary services as may be needed.

It was also proposed that consideration should be given to setting up a geriatric unit in each hospital group in the County and to the appointment of a medical officer, preferably on the establishment of the Regional Hospital Board, to whose salary both Board and Council should contribute and who would be responsible for the duties outlined above : and to make arrangements for integrating the Council's domiciliary services for the care of the elderly sick with the work of the geriatric units by appointing nurses or social workers seconded to these units.

Some progress was made towards implementation of these proposals during the year, in particular in relation to the Kingston Group, where a geriatric medical officer was appointed on the lines indicated above. Although the unit was not in operation by the end of the year considerable progress had been made. The services of a nurse and of a social worker have also been made available part-time in association with the care of the elderly in the areas of the Guildford and of the Woking and Chertsey Hospital Groups.

Further reference is made to the former of these on page 31.

CARE OF MOTHERS AND YOUNG CHILDREN.

The main features of the Council's scheme for the care of mothers and young children remain as in previous years.

(a) Notification of Births under the Public Health Act, 1936.

The following is an analysis of all births (live and still) notified during 1954 including any births registered but not notified and properly belonging to the County :—

COUNTY DISTRICT AUTHORITY.	NUMBER BORN IN COUNTY DISTRICT.						Number born elsewhere in Administrative County but normally resident within the County District.				Number born outside Administrative County but normally resident within the County District.				No. of Regis- tered Births (live and still).	
	and normally resident therein.			and normally resident elsewhere in Surrey.												
	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.	Hospital/ Maternity Home.	At Home.	Private Nursing Home.		Hospital/ Maternity Home.
M.B. and Urban.																
Banstead	95	—	—	1	—	—	—	—	—	—	18	306	—	2	15	436
Barnes... ..	113	—	—	—	—	—	4	—	—	—	—	121	—	3	196	417
Beddington and Wallington	102	—	—	—	—	—	1	—	—	25	3	290	—	10	15	424
Carshalton	184	—	569	—	—	1,641	—	—	—	—	5	86	—	—	17	844
Caterham and Warlingham	137	1	—	—	—	—	—	—	—	—	14	202	—	14	49	444
Chertsey	123	—	—	—	—	8	1	—	1	1	4	330	1	—	19	507
Coulsdon and Purley	227	34	—	—	15	—	1	10	—	—	6	277	7	55	244	852
Dorking	58	34	169	—	49	143	—	3	66	—	—	10	—	—	7	276
Egham	89	—	—	—	—	—	1	—	—	—	—	193	1	8	55	349
Epsom and Ewell ...	87	30	475	—	36	894	—	1	3	—	13	36	—	2	14	659
Esher	139	—	—	1	—	—	1	—	—	—	24	338	—	13	183	691
Farnham	116	9	156	—	2	70	1	4	93	—	8	14	1	3	42	348
Frimley and Camberley	67	—	128	1	—	1	—	—	45	—	4	43	1	1	172	428
Godalming	44	20	—	—	19	—	—	1	—	—	4	150	1	—	2	206
Guildford	142	36	546	2	68	719	2	19	38	—	—	8	1	—	7	759
Haslemere	26	—	106	—	—	45	—	—	222	—	2	53	—	3	—	150
Kingston-on-Thames	84	—	377	1	—	1,312	—	—	48	—	6	15	1	10	84	549
Leatherhead	97	—	—	3	—	—	1	—	—	—	31	229	1	—	12	390
Malden and Coombe	112	25	—	1	—	—	—	—	—	—	—	325	4	—	63	514
Merton and Morden ...	111	—	238	—	55	487	1	2	255	—	7	426	—	2	28	810
Mitcham	226	—	—	1	—	—	1	—	—	—	7	570	1	3	93	927
Reigate	184	—	506	—	—	924	2	—	151	—	1	3	—	1	17	700
Richmond	139	—	—	—	—	—	—	—	—	—	—	269	—	15	183	632
Surbiton	148	—	—	—	—	—	1	—	—	—	26	574	—	1	73	829
Sutton and Cheam ...	129	—	232	1	2	180	2	—	8	—	13	532	1	1	30	973
Walton and Weybridge	84	20	310	—	15	67	2	9	37	—	—	162	1	3	18	575
Wimbledon	118	123	—	1	60	—	—	602	—	—	1	479	—	11	68	802
Woking	296	—	529	2	—	678	—	—	18	—	—	41	—	2	13	834
Rural.																
Bagshot	41	—	81	—	—	133	—	—	174	—	—	63	1	—	5	201
Dorking and Horley	105	—	—	—	—	—	2	—	—	—	18	277	1	4	27	443
Godstone	193	—	1	—	—	—	—	—	—	—	—	221	2	1	31	478
Guildford	163	—	—	1	—	—	1	—	—	—	36	386	3	3	69	676
Hambledon	85	—	—	—	—	—	1	—	—	—	26	252	1	4	7	422
Totals	4,064	332	4,424	16	321	7,302	24	651	1,184	17	277	7,281	30	175	1,858	18,545

(b) Expectant and Nursing Mothers.

Ante-natal clinics are provided throughout the County by the County Council; each is in the charge either of an obstetrician, a general practitioner with special experience, or a full-time assistant medical officer. In districts where no special ante-natal clinics are held assistant medical officers are available for ante-natal consultations at the ordinary infant welfare clinics. Certain hospitals in the County also run ante-natal clinics in association with their maternity departments, and the obstetricians in charge of such clinics are available to see also expectant mothers referred from the County Council's ante-natal clinics. Health Visitors assist in the routine work of the Council's clinics, give talks and advice on mothercraft and follow up those mothers who do not keep appointments. An important part of their duties is to visit the patients in their own homes so that they can be in a position to advise the mothers on the social and other problems resulting from the occurrence of a pregnancy with full knowledge of the individual circumstances of the case and also so that they can inform the medical officer of the ante-natal clinic of any individual circumstances which it is necessary for him to know. In addition, in recent years there have been two developments of the work associated with the ante-natal services provided by the County Council which call for comment. Firstly, the number of mothercraft classes held separately from the ante-natal clinics has increased considerably. They are run as a course of lectures and demonstrations, usually six to eight in number, and are mainly taken by health visitors, but in some districts the Council's midwives also take part in the syllabus. At these courses extensive use is made of film strips. Secondly, relaxation classes for expectant mothers are being held increasingly throughout the County. These are taken either by a physiotherapist or a health visitor and are designed to prepare the expectant mother for her confinement. Apart entirely from the physical advantages of these courses, every opportunity is taken to increase the expectant mother's knowledge of the mechanism of labour so as to allay her fears and secure her informed co-operation. Both these classes are proving very popular with the mothers and are well attended.

Mothers are encouraged to attend also at the County Council clinics after their confinement to make sure that full health and normality are restored or, if need be, any necessary treatment is obtained.

Arrangements are made for blood testing of expectant mothers usually through out-patient departments of general hospitals, the Blood Transfusion Service at Sutton or the Public Health Laboratory Service at Epsom and Guildford.

Division.	Number of Clinics provided at end of year (whether held at Infant Welfare Centres or other premises).	Number of sessions now held <i>per month</i> at clinics included in Col. (2).		Number of Women who :		Total number of attendances during the year.	
		Medical Officers' sessions.	Midwives' sessions.	attended during the year.	were new cases and included in Col. (5).	Medical Officers' sessions.	Midwives' sessions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Ante-Natal Clinics.							
North-Western	16	35	24	1,016	730	2,472	2,874
Central	5	24	8	1,392	998	6,715	517
North-Central	10	34	27	1,070	813	4,986	1,703
Southern	6	15	—	279	193	1,054	—
South-Eastern	5	18	—	753	460	2,564	—
Northern	5	18	6	1,181	844	4,268	733
South-Western—							
Guildford	—	—	—	—	—	—	—
Excluding Guildford ...	3	8	—	419	419	2,261	—
North-Eastern—							
Wimbledon	2	4	6	287	206	519	687
Merton & Morden ...	2	8	—	382	300	1,153	—
Mitcham	3	14	8	948	784	1,760	1,422
Mid-Eastern—							
Carshalton	5	20	—	379	275	1,643	—
Beddington & Wallington	1	4	—	142	101	553	—
Total	63	202	79	8,248	6,123	29,948	7,936
† Post-Natal Clinics.							
North-Western	—	—	—	150 (150)	150 (150)	174 (174)	5 (5)
Central	—	—	—	412 (412)	396 (396)	636 (636)	—
North-Central	—	—	—	363 (363)	342 (342)	426 (426)	—
Southern	—	—	—	98 (98)	91 (91)	115 (115)	—
South-Eastern	—	—	—	180 (180)	178 (178)	184 (184)	—
Northern	—	—	—	375 (375)	375 (375)	376 (376)	—
South-Western—							
Guildford	—	—	—	—	—	—	—
Excluding Guildford ...	—	—	—	212 (212)	212 (212)	219 (219)	—
North-Eastern—							
Wimbledon	—	—	—	7 (7)	7 (7)	7 (7)	—
Morton & Morden ...	—	—	—	20 (20)	20 (20)	20 (20)	—
Mitcham	1	1	—	62	62	66	—
Mid-Eastern—							
Carshalton	—	—	—	40 (40)	40 (40)	48 (48)	—
Beddington & Wallington	—	—	—	11 (11)	11 (11)	11 (11)	—
Total	1	1	—	1,930 (1,868)	1,884 (1,822)	2,282 (2,216)	5 (5)

† Except in one district, separate post-natal clinics are not held, cases being seen at ante-natal clinics.

* The figures in brackets refer to women examined post-natally at ante-natal clinics.

(c) **Unmarried Mothers and the Care of Illegitimate Children.**

In making provision for the care of the unmarried mother and her child the County Council rely in the main on voluntary Homes for unmarried mothers and particularly on Homes established in the County and receiving grants from the Council. During the year, 161 cases were admitted to mother and baby homes, 59 cases were admitted to Shelters provided by Voluntary Organisations receiving a grant from the Council, and 62 cases were sent by the Council to other Homes, payment being made per capitum.

In addition, 49 cases were admitted to the hostel provided by the County Council at Dorincourt, Woking, for the reception of expectant and nursing mothers who are unmarried or who are in need of residential accommodation. Residence in these hostels is normally for two months before and two months after confinement and mothers are assisted to find employment on leaving the hostels and in making arrangements for the care of their babies.

(d) **Maternity Outfits.**

A maternity outfit is supplied free, on request, to each expectant mother being confined at home who makes use of one or other of the arrangements for the care of expectant mothers under the National Health Service.

(e) **Maternal Mortality.**

The total maternal deaths assigned to the County in 1954 was 7 which gives a maternal mortality rate of 0.38 per thousand live and still births compared with 0.69 for England and Wales. A comparison with previous years will be found under "Vital Statistics" on page 8.

There were 10 deaths which actually occurred in the County all of which were investigated. three patients were confined at home, one at a private nursing home and the remainder in Surrey hospitals.

(f) **Puerperal Pyrexia.**

During 1954, 636 cases of puerperal pyrexia were notified representing an attack rate of 34.29 per thousand live and still births as compared with 17.74 for England and Wales. Of these cases 24 occurred in domiciliary confinements and the remainder in institutional confinements.

(g) **Infant Mortality.**

The infant mortality rate in the Administrative County of 19.35 compares with 25.5 for England and Wales. The heaviest incidence of deaths of children under one year is, as always, within the first four weeks of life (neo-natal mortality). A table giving certain figures relating to the infant mortality rates in recent years in England and Wales and in Surrey will be found under "Vital Statistics" (page 9).

The urban infant mortality rate in 1954—namely 18.54 (297 deaths)—is lower than the rural rate—namely 25.32 (55 deaths).

During the year an enquiry into deaths in the first year of life occurring in the County was undertaken. In all 341 deaths were investigated. Of these 266 were born in hospitals, 60 at home, 10 in nursing homes and in 5 cases the place of birth was not recorded. The deaths were classified by causes as follows:—

Cause.	In the first 7 days.	Between 8th and 28th days.	Between 1 and 12 months.	Total.
Prematurity	41 (52)	1 (4)	— (1)	42 (57)
Prematurity with associated conditions	56 (51)	3 (1)	— (—)	59 (52)
Congenital malformations	43 (32)	14 (9)	39 (28)	96 (69)
Birth injury (including intracranial haemorrhage)	18 (23)	— (—)	— (—)	18 (23)
Haemolytic disease	9 (17)	— (—)	— (—)	9 (17)
Pneumonia	3 (5)	6 (13)	26 (33)	35 (51)
Other respiratory diseases	— (1)	— (1)	5 (9)	5 (11)
Gastro enteritis	— (—)	1 (3)	10 (20)	11 (23)
Meningitis	— (—)	1 (2)	3 (5)	4 (7)
Accidents	1 (—)	1 (—)	16 (7)	18 (7)
Miscellaneous	31 (26)	4 (3)	9 (15)	44 (44)
Totals	202 (207)	31 (36)	108 (118)	341 (361)

The duration of life of infants of various birth weights together with an analysis as to whether prematurity was the cause or was a contributory cause of death was as follows :—

Birth Weight.	1 Day.			2-7 Days.			8-28 Days.			1-6 Months	6-12 Months.	Not re-corded.	Totals.
	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	Premature.	Premature and associated conditions.	Other.	All.	All.	All.	
Under 2 lb. ...	9 (14)	11 (9)	— (—)	1 (3)	2 (4)	— (—)	— (1)	— (—)	— (—)	— (1)	— (—)	— (—)	23 (32)
2-3 lb. ...	9 (10)	7 (7)	5 (1)	7 (4)	8 (9)	2 (1)	1 (1)	1 (1)	— (—)	1 (1)	— (—)	— (—)	41 (35)
3-4 lb. ...	8 (8)	7 (6)	3 (2)	4 (5)	9 (4)	5 (4)	— (1)	— (—)	1 (1)	3 (4)	— (1)	— (—)	40 (36)
4-5 lb. ...	2 (2)	6 (5)	7 (4)	— (2)	3 (5)	2 (5)	— (—)	2 (—)	2 (3)	6 (8)	1 (1)	— (—)	31 (35)
5-6 lb. ...	— (1)	— (1)	12 (11)	— (—)	— (—)	13 (8)	— (—)	— (—)	4 (9)	12 (16)	6 (5)	— (—)	47 (51)
6-7 lb. ...	— (—)	— (—)	12 (17)	— (—)	— (—)	10 (16)	— (—)	— (—)	5 (7)	19 (23)	10 (7)	— (—)	56 (70)
Over 7 lb. ...	— (—)	— (—)	19 (14)	— (—)	— (—)	12 (14)	— (—)	— (—)	13 (11)	33 (26)	11 (20)	— (—)	88 (85)
Not recorded ...	1 (2)	3 (1)	2 (2)	— (1)	— (—)	1 (5)	— (1)	— (—)	2 (—)	3 (5)	3 (—)	— (—)	15 (17)
Totals ...	29 (37)	34 (29)	60 (51)	12 (15)	22 (22)	45 (53)	1 (4)	3 (1)	27 (31)	77 (84)	31 (34)	— (—)	341 (361)

Figures in parentheses in the above two tables relate to 1953.

(h) Prematurity.

The following table gives details of premature births and still births notified in the County during the year 1954 as adjusted by transferred notifications :—

1. Premature infants (i.e., 5½ lb. or less at birth, irrespective of period of gestation) :—
 (a) Number of premature live births in hospitals 857
 (b) Number of premature live births at home... .. 167
 (c) Number of premature live births in private nursing homes 29
2. Premature still births (i.e., 5½ lb. or less, irrespective of period of gestation) :—
 (a) Number of premature still births in hospitals 135
 (b) Number of premature still births at home 19
 (c) Number of premature still births in private nursing homes 4

Weight at birth.	PREMATURE LIVE BIRTHS.												PREMATURE STILL-BIRTHS.		
	†Born in Hospital			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day.		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	109	36	42	1	—	1	1	1	—	3	2	—	—	—	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	175	11	152	13	1	11	15	2	9	3	1	2	—	—	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	154	4	144	26	—	26	9	1	8	8	2	6	—	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	419	4	402	91	—	91	11	—	10	15	—	15	—	—	—
Totals ...	857	55	740	131	1	129	36	4	27	29	5	23	—	—	—
													135	19	4

† The group under this heading will include cases which may be born in one hospital and transferred to another.

(i) Ophthalmia Neonatorum.

In 1954 midwives sought medical aid for suspected cases of ophthalmia neonatorum in respect of 124 babies and 10 cases were notified by medical practitioners as suffering from ophthalmia neonatorum.

The case rate (i.e., the number of notified cases per thousand live births) was 0.55.

Of the 10 cases notified by medical practitioners 3 occurred in the practice of midwives. Seven of these were treated at home, three cases occurred in hospital and in no case was vision impaired.

(j) Infant Welfare Centres.

The County Council maintained 183 infant welfare centres in the year as against 180 in 1953. Additional centres were started at :—

- (i) Wesley Hall, Ruskin Drive, Worcester Park.
- (ii) Wells House, Spa Drive, Epsom.
- (iii) The Village Hall, Kingston Vale.
- (iv) The Village Hall, Weybourne, Farnham.
- (v) Red Cross Hut, Pirbright.

The following centres were closed during the year :—

- (i) The Old Schoolroom, Puttenham.
- (ii) Revoan, Pilgrims Way, Westhumble.

The following table shows the attendance at the centres for the year 1954 :—

Division.	Number of centres provided at end of year.	Number of Child Welfare sessions now held per month at centres in col. (2).	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age.	Number of children who attended during the year and who were born in :			Total number of children who attended during the year.	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year.
				1954.	1953.	1952-49.		Under 1 year.	1 but under 2.	2 but under 5.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
North-Western ...	31	102	2,268	1,986	2,104	3,343	7,433	31,004	10,555	9,138	50,697
Central ...	25	102	2,128	2,057	1,967	3,712	7,736	34,908	12,860	17,575	65,343
North-Central ...	15	87	2,085	1,861	1,828	3,314	7,003	33,528	7,650	8,433	49,611
Southern ...	28	95	1,380	1,189	1,188	1,973	4,350	18,385	7,159	8,337	33,881
South-Eastern ...	15	59	1,032	1,261	587	1,056	2,904	14,425	4,263	4,710	23,398
Northern ...	7	36	970	762	786	1,077	2,625	14,652	3,066	2,039	19,757
South-Western—											
Rural ...	32	90	1,315	1,099	1,183	2,018	4,300	18,552	6,854	8,002	33,408
Borough ...	6	36	660	678	633	859	2,170	10,167	2,970	4,044	17,181
North-Eastern—											
Wimbledon ...	5	25	693	644	572	1,003	2,219	11,801	2,787	4,460	19,048
Merton & Morden	5	44	747	671	690	1,239	2,600	12,587	4,004	4,172	20,763
Mitcham... ..	5	28	802	751	659	739	2,149	12,421	2,780	1,743	16,944
Mid-Eastern—											
Carshalton ...	5	39	696	649	562	1,566	2,777	9,779	2,319	3,806	15,904
Beddington & Wallington ...	4	12	329	313	310	439	1,062	4,916	1,657	1,600	8,173
	183	755	15,105	13,921	13,069	22,338	49,328	227,125	68,924	78,059	374,108
Voluntary.											
Southern ...	1	1	14	11	13	18	42	82	59	80	221

In certain areas circles have been started for mothers and fathers. Regular meetings are held to discuss various aspects of the management of children of all ages. Either an assistant medical officer or a health visitor acts as discussion leader. At these meetings also the film strip projector forms a valuable adjunct.

(k) Convalescent Treatment.

Expectant and nursing mothers and children under five recommended for convalescent treatment are sent to convalescent and holiday homes. During the year 30 children under the age of five years and 31 mothers and babies were sent for convalescence. Patients sent under this scheme are normally required to pay a standard charge towards their maintenance.

(l) Day Nurseries.

At the end of the year there were 22 day nurseries with a total number of 894 places.

Admission is restricted to the following priority classes :—

- (i) Where the mother is the sole wage earner.
- (ii) Where there is sickness in the family or where home conditions likely seriously to prejudice the health of the child exist.
- (iii) In exceptional cases, where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

(m) Voluntary Inspection of Children under Five Years of Age.

Special toddlers clinics are held in some areas at which children under school age are, with the consent of the parents, given a routine medical examination at the ages of 2, 3 and 4 years, and, if necessary, treatment. Elsewhere, such examinations are undertaken at ordinary welfare clinics. Children at day and residential nurseries and nursery schools are also medically examined at routine intervals.

(n) Distribution of Welfare Foods.

Reference has already been made on page 19 to this further duty which was undertaken by the County Council as from the 28th June, 1954, as part of their duties to provide services for the care of expectant and nursing mothers and young children under Section 22 of the National Health Service Act, 1946, the proposals made by the Council for carrying out these functions under this Section being modified in order to make clear their future responsibility for local distribution.

Wherever possible clinics and other premises owned by the Council have been used for the purpose, but it was necessary to rent a limited amount of additional accommodation, to carry out minor adaptation works at a number of other properties and to purchase certain essential items of furniture and equipment already in use in the distribution centres from the Ministry of Works. A small number of staff were also recruited from those previously employed in local offices. The staffing of the distribution centres has in the main, however, been undertaken by voluntary workers and in particular by the W.V.S. whose help both in staffing many of the distribution centres with voluntary helpers and in permitting the use in some instances of part of their own accommodation for storage and distribution purposes is much appreciated.

During the 26 weeks, 5th July, 1954, to 1st January, 1955, the following issues of welfare foods were made through the distribution centres :—

<i>National Dried Milk.</i>			<i>Cod Liver Oil</i>	<i>Orange Juice.</i>	
<i>Free.</i>	<i>10½d.</i>	<i>4/-.</i>	<i>A and D.</i>	<i>Free.</i>	<i>5d.</i>
1,017	226,569	208	125,249	1,921	536,394
227,794				538,315	

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN.**Report of County Dental Surgeon for the year 1954.**

As previously the patients examined and treated under the above heading were those referred to the dental clinics by medical officers, health visitors, general medical practitioners, etc.

The dental inspection and treatment was carried out by officers primarily engaged in the School Dental Service. The time occupied was the equivalent of 1,314 sessions, and the number of attendances was 11,219.

Treatment facilities included X-rays at six centres and the provision of dentures when necessary.

The appended table provides statistical information, which calls for little comment except for a slight increase in the number of fillings carried out for both mothers and children.

D. M. McCLELLAND,

County Dental Surgeon.

(a) Numbers provided with dental care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers ...	1,217	1,098	1,260*	873
Children under 5	2,938	2,300	2,826*	2,395

* Includes cases carried over from 1953.

(b) Forms of treatment provided.

	Scalings and gum treatment.	Fillings.	Silver nitrate treatment.	Crowns or inlays.	Extractions.	General anaesthetics.	Dentures provided.		Radio-graphs.
							Full upper or lower.	Partial upper or lower.	
Expectant and Nursing Mothers	458	2,091	—	35	1,917	404	98	149	19
Children under 5	—	3,668	715	—	2,695	1,332	—	—	16

MIDWIFERY AND HOME NURSING.

Local Supervising Authority (Midwives).

The County Council, as the Local Supervising Authority, are responsible for supervising the work of midwives throughout the County. The supervisory staff comprises a medical officer on the Central Office staff and six non-medical supervisors.

(a) NOTIFICATION OF INTENTION TO PRACTISE.

The number of State Certified Midwives who gave notice of their intention to practise midwifery during 1954 was 569 compared with 608 in 1953.

(b) WORK OF THE MIDWIVES DURING 1954.

(1)	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals.	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked Doctor or another).	Doctor not present at time of delivery of child.		
(2)	(3)	(4)	(5)	(6)	(7)	
(a) Midwives employed by the Authority...	86	1,172	927	1,668	3,853	—
(b) Midwives employed by Voluntary Organisations :—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	688
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	12,359
(d) Midwives in private practice (including midwives employed in Nursing Homes)	10	5	25	5	45	530
Total	96	1,177	952	1,673	3,898	13,577

It will be noted that of 17,475 confinements attended by midwives during the year, only 3,898 (or 22.3 per cent.) occurred in the homes ; of the remainder, 12,359 (or 70.7 per cent.) were confined in hospital and 1,218 (or 7.0 per cent.) in nursing homes and hospitals not transferred to the Ministry of Health.

(c) SUMMONING OF MEDICAL AID.

During the year medical aid was summoned under the Midwives Act, 1951, by a midwife in the following number of cases :—

(i) For domiciliary cases :—

(a) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	700
(b) Others	289

(ii) For cases in Institutions 582

(d) NOTIFICATIONS FROM MIDWIVES.

The following notifications were received from midwives :—

Sending for medical aid	...	...	...	...	...	...	...	...	1,571
Stillbirths	...	...	...	...	...	...	...	...	97
Laying out dead body	...	...	...	...	...	...	...	...	35
Liability to be a source of infection	...	...	...	...	...	...	...	...	270
Death of mother or baby	...	...	...	...	...	...	...	...	29
Artificial feeding (in addition to or in place of breast feeding)	...	...	...	...	...	...	...	...	1,832
									<u>3,834</u>

In previous reports I have drawn attention to the steady increase in notifications of artificial feeding. The number of these cases appears now to be stabilised and the following table gives detailed information relating to the last four years :—

Year.	Total notifications.	Notifications in respect of :		% Proportion of confinements where artificial feeding was adopted.	
		Hospital confinements.	Domiciliary confinements.	Hospital.	Domiciliary.
1951...	877	764	113	6.1	3.0
1952...	1,617	1,490	127	12.5	3.4
1953...	1,806	1,675	131	13.9	3.3
1954...	1,832	1,664	168	13.5	4.3

(e) SPECIAL INVESTIGATIONS.

The non-medical supervisors of midwives undertook the following special investigations during the year :—

Sending for medical aid...	...	...	...	...	...	...	...	245
Stillbirths...	...	...	...	...	...	...	...	97
Liability to be source of infection	...	...	...	...	...	...	...	204
Death of mother or baby	...	...	...	...	...	...	...	26
Total...	...	...	...	...	...	...	...	<u>572</u>

(f) ADMINISTRATION OF ANALGESICS.

During the year 1954, gas and air analgesia was given by midwives in 3,305 domiciliary cases, and there were 134 sets of apparatus available for their use.

At the end of the year, the number of midwives in practice in the area who were qualified to administer analgesics in accordance with the requirements of the Central Midwives Board was as follows :—

(i) Domiciliary	...	...	...	171
(ii) In institutions	...	...	...	211

During the year pethedine was administered by midwives in domiciliary practice in 1,622 cases.

Domiciliary Midwifery and Home Nursing.

The main features of the County Council's scheme for these services remain unchanged from the previous year.

(a) SELECTION OF MATERNITY CASES FOR ADMISSION TO HOSPITAL.

The reports for 1952 and 1953 made reference to an investigation which was being conducted into the home conditions of all mothers applying for admission to Surrey hospitals on social grounds.

This enquiry was continued throughout 1954 and the following table shews an analysis of the recommendations.

Division.		*Births notified over period.	*No. of these taking place in hospitals in Administrative County.	No. of requests from hospitals for home conditions reports.	No. of reports given recommending		No. of cases recommended home confinement who were/will be confined.			
					Hospital confinement.	Home confinement.	At home.	In hospital		Made private arrangements.
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
North-Western	...	3,043	1,968	186	160	3	3	—	—	—
Central	...	2,467	1,810	231	140	82	—	78	—	4
North-Central	...	2,627	1,629	133	110	5	3	2	—	—
Southern	...	1,862	1,187	95	80	15	7	1	6	1
South-Eastern	...	1,279	480	23	18	5	3	2	—	—
Northern	...	1,039	390	13	10	2	2	—	—	—
South-Western	...	2,295	1,671	370	310	51	8	36	3	4
North-Eastern	...	2,513	1,836	86	54	9	1	7	—	1
Mid-Eastern	...	1,266	945	10	10	1	1	—	—	—
		18,391	11,916	1,147	892	173	28	126	9	10

* The figures in Col. 1 represent the total of all births notified during 1954 (applicable to each Division). Col. 2 shows the total number of births which took place in *hospitals in the County* in 1954 assigned to the Divisions in which the mothers properly belong.

[Note.—The hospitals were asked to notify the Divisional Medical Officers of every maternity case attending their ante-natal clinics where the question of a hospital confinement was raised on social grounds (Col. 3). The Divisional Medical Officers then made arrangements for either a Health Visitor or a Midwife to visit the home and complete a form for transmission to the hospital (Col. 4 and 5). The form was intended to enable the appropriate officer of the hospital to estimate whether home conditions were or were not suitable for a domiciliary confinement, and it was hoped that he would thereby be able to decide whether or not to reserve a hospital bed for the case.]

(b) REFRESHER COURSES FOR MIDWIVES AND DISTRICT NURSES.

A certain number of midwives are sent every year both to residential and day refresher courses under the auspices of the Royal College of Midwives. In addition midwives attend ante-natal and post-natal demonstrations and lectures organised by London, Middlesex and Surrey County Councils and midwifery lectures are included in the district nurses/health visitors refresher course held in Surrey every year by the County Council.

In May, the fourth post-certificate refresher course organised by the County Council for health visitors and district nurses was held at Glyn House, Ewell. Some thirty health visitors and an equal number of district nurses attended.

The course, which was non-resident, extended over a fortnight and there is no doubt that the excellent facilities at Glyn House contributed very much to a successful course.

Invitations were sent to other members of the nursing staff and to the medical staff of the County to attend any particular session in which they were interested. Many members of the staff took the opportunity to attend when their duties allowed.

The inaugural address was delivered by Sir Allen Daley, M.D., Ch.B., D.P.H., and the succeeding sessions comprised lectures on a wide variety of subjects, discussions, films and visits of observation, given by lecturers of high professional status.

Advantage is taken of refresher courses for district nurses organised by the Royal College of Nursing and the Queen's Institute of District Nursing and, in addition, 30 district nurses attend a fortnight's refresher course organised by the County Council. By these means the nurse attends for post-graduate training every five years.

(c) TRAINING OF PUPIL MIDWIVES AND DISTRICT NURSES.

A number of nurses homes and a number of individual midwives in the County accept Part II pupil midwives for district training by an arrangement with the Part II training schools in the County, the latter bearing all expenses of training. Such arrangements are limited in number because of the small proportion of women in Surrey who are confined in their own homes.

District nurse training is organised through the Queen's Institute of District Nursing and suitable candidates are sent to the Guildford Training Home as well as to other training centres outside the County.

(d) WORK OF THE DISTRICT NURSES.

At the end of the year there were 282 full-time and 49 part-time nurses and midwives available for duty.

The work of the district nurses during the year 1954 was as follows :—

Division.	Medical.	Surgical.	Infectious Diseases.	Tuber- culosis.	Maternal complica- tions.	Others.	Totals.	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year. (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year. (10)	Patients included in (2)-(7) who have had more than 24 visits during the year. (11)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended by Home Nurses during the year :—										
North-Western ...	3,519	754	14	99	8	60	4,454	1,949	310	721
Central ...	4,028	1,263	56	116	32	114	5,609	2,581	218	1,229
North-Central ...	3,426	1,202	39	65	56	56	4,844	2,452	226	858
Southern ...	2,063	745	17	41	6	35	2,907	1,372	244	436
South-Eastern ...	1,565	320	2	37	16	47	1,987	892	166	231
Northern ...	1,844	303	2	53	2	13	2,217	1,245	64	406
South-Western—										
Borough ...	1,797	125	36	12	5	38	2,013	613	71	252
Rural ...	3,399	835	35	74	11	38	4,392	1,960	337	486
North-Eastern—										
Merton & Morden	1,348	97	3	61	2	7	1,518	585	29	251
Mitcham ...	1,105	217	1	37	5	—	1,365	434	32	203
Wimbledon ...	1,469	102	2	37	2	10	1,622	796	31	247
Mid-Eastern—										
Beddington & Wallington ...	511	142	12	5	12	12	694	375	17	97
Carshalton ...	650	245	—	39	—	5	939	437	27	192
	26,724	6,350	219	676	157	435	34,561	15,691	1,772	5,609
Number of visits paid by Home Nurses during the year :—										
North-Western ...	64,632	11,034	116	3,955	32	3,758	83,527	50,119	2,027	50,026
Central ...	102,129	23,410	555	5,077	371	3,239	134,781	88,394	1,147	95,100
North-Central ...	65,652	19,210	345	5,618	481	1,629	92,935	69,889	1,371	64,927
Southern ...	42,019	12,153	41	2,574	70	4,140	60,997	40,443	2,138	19,316
South-Eastern ...	26,369	6,413	6	1,408	106	1,261	35,563	23,159	990	11,015
Northern ...	43,253	7,739	9	2,172	19	172	53,364	39,502	295	36,067
South-Western—										
Borough ...	29,837	2,852	363	434	211	1,145	34,842	18,345	412	20,281
Rural ...	53,324	12,295	334	2,317	57	6,199	74,526	43,889	1,896	43,845
North-Eastern—										
Merton & Morden	22,208	2,341	24	2,326	23	897	27,819	16,730	238	15,025
Mitcham ...	22,468	3,866	3	1,482	57	334	28,210	16,690	217	15,186
Wimbledon ...	20,842	3,843	12	1,183	20	643	26,543	16,988	140	16,907
Mid-Eastern—										
Beddington & Wallington ...	8,294	2,509	76	111	99	649	11,738	8,278	82	7,080
Carshalton ...	12,790	4,746	—	2,695	—	94	20,325	11,884	89	15,136
	513,817	112,411	1,884	31,352	1,546	24,160	685,170	444,310	11,042	409,911

In my previous report, reference was made to the appointment of a Geriatric Social Worker to work in close co-operation with the central geriatric unit set up by the Guildford Group Hospital Management Committee.

Before the social worker began her duties, local government public health, welfare departments, local hospitals, general practitioners and voluntary organisations interested in the welfare of the aged were told of the appointment and offered her services.

A total of 220 elderly patients were referred during the year, 108 from Guildford Borough and 112 from the surrounding area. 672 visits in all were paid, 410 within the Borough of Guildford and 262 outside.

In only 47 cases referred to the social worker was it considered that no help was needed and that the patient and the relatives could manage.

The patients were referred by local hospitals (136), by general practitioners (72), by local government authorities (7) and by voluntary agencies (5); and the reasons for referral were illness (66), infirmity (101), mental confusion, or incontinence (39) and for help with convalescence (14).

The following table shows in detail the reasons for referring the 84 patients to the hospital :—

				<i>General Practitioner.</i>	<i>Local Government.</i>	<i>Voluntary Agencies.</i>
For beneficial hospital care ... ..	...	...	...	12	6	1
To keep patient out of hospital ... ..	...	...	...	26	—	—
To hospital for terminal illness ... ..	...	...	...	34	1	1
For admission to a welfare home ... ..	...	...	...	—	—	3

Patients were referred by hospital authorities mainly in order that they could have help provided at home and so be kept out of hospital. A few were with the object of emptying hospital beds and organising admission to a welfare home.

Details of the financial and marital status were as follows :—

				<i>Married.</i>	<i>Single.</i>		<i>Widows.</i>	<i>Widowers.</i>
					M.	F.		
Pension and private means ... ..	...	...	34	8	1	8	13	4
Retirement and other pensions ... ..	...	...	79	20	2	4	35	18
National assistance ... ..	...	...	89	29	1	8	41	10
Husband earning ... ..	...	...	18	17	—	—	—	—
Earning ... ..	...	...	—	—	1	—	—	—
			—	—	—	—	—	—
Totals ... ..	...	...	220	74	25		89	32
			==	==	==		==	==

The services of the social worker enabled better assessment of the need and of urgency of the cases to be made, ensured that all domiciliary services available were used by the patient and that where it was impossible to deal with the patient immediately, hardship was alleviated as much as possible, and finally, relieved pressure upon the hospitals.

During the year 547 visits were also paid by general health visitors in connection with care and after care (other than tuberculosis).

HEALTH VISITING.

(a) Establishment.

The establishment of health visitors was increased during the year by eight ; two being whole-time tuberculosis health visitors, two on general relief duties throughout the County as required, two in the North-Western Division and one in the Southern (half time each to general and geriatric visiting) and one in the Central Division. The actual number employed continued to show improvement on the figures for the previous year, largely as a result of recruitment to the staff of student health visitors qualifying from the Health Visitors' Training Course held at Brooklands Technical College, Weybridge.

At the end of the year the total establishment of health visitors was 207.

(b) Mothers and Young Children.

The following table shows the home visits paid by health visitors in connection with the care of mothers and young children ; home visits paid by these health visitors in respect of school health, mental deficiency and other health services will be found under these heads :—

Division.	Field establishment at 31st December, 1954.		Live births 1954.		Case load.	Average No. per H.V.	No. of children under 5 years of age visited during year.	Expectant mothers.		Children under 1 year of age.		Children age 1 and under 2 years.		Children age 2 and under 5 years.		Other.	Total No. of families or households visited by Health Visitors.
	D.H.V.	H.V.	Registered and adjusted.	No. of birth cards.				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.		
North-Western ...	1	25	2,983	2,428	12,677	551	12,299	734	1,263	3,080	17,433	10,644	16,034	7,220	11,024	71,676	
Central ...	1	23	2,463	2,444	11,204	487	11,601	2,021	3,751	2,924	14,092	7,863	13,588	7,122	10,344		
North-Central ...	1	23	2,536	2,478	11,160	479	13,267	791	1,233	2,459	13,796	7,341	14,260	7,042	10,103		
Southern ...	1	18	1,863	1,697	8,245	485	8,245	722	1,241	1,830	10,596	5,498	12,573	6,162	7,553		
South-Eastern ...	1	11	1,340	1,257	5,747	492	5,846	280	466	1,333	7,948	3,639	9,104	3,327	4,985		
North-Eastern ...	1	10	1,028	917	4,279	427	4,810	465	939	922	4,936	2,483	3,500	2,599	3,722		
South-Western—																	
Borough ...	1	6	750	792	3,056	509	3,641	326	401	726	4,497	2,315	3,826	3,291	2,787		
Rural ...		15	1,513	1,349	6,148	409	7,972	559	857	1,675	9,179	4,815	8,591	3,044	6,050		
North-Eastern—																	
Merton and Morden ...		9	792	712	3,711	412	4,801	282	482	737	3,848	2,110	4,274	1,694	3,802		
Mitcham ...	1	9	901	817	3,859	428	4,805	428	585	801	4,418	2,571	4,671	3,054	3,742		
Wimbledon ...		7	784	667	3,071	418	4,046	357	566	740	3,270	1,650	3,853	1,444	3,059		
Mid-Eastern—																	
Beddington and Wallington	1	4	416	405	1,827	456	2,172	243	452	435	1,987	943	2,082	800	1,673		
Carshalton ...		9	824	777	3,735	381	4,235	271	428	754	2,904	1,636	3,670	1,892	2,832		
Relief Staff ...		5	—	—	—	—	—	—	—	—	—	—	—	—	—		
Total	9	174	18,193	16,740	78,719	—	87,740	7,479	12,664	18,416	98,904	53,508	100,026	48,691	71,676		

(c) Other Duties of Health Visitors.

The general health visitors combine with their other duties the duties of school nurse and details of their work in the School Health Service are given on page 65.

(d) The Health Visitors' Training Course.

Fourteen students were selected to take the Health Visitors' Training Course at Brooklands College, Weybridge, which commenced in September, 1954. As on previous courses, lectures were given by members of the staff of the County Council with assistance from outside lecturers on special subjects. Practical training was given in various clinics and centres in the County under the supervision of the medical and health visiting staff. Of the twelve students who entered for the examination of the Royal Sanitary Institute, eleven were successful in obtaining the health visitors' certificate.

Two students did not enter for the examination : one became ill during the course and the other decided not to proceed with her studies.

Three of the successful candidates have been recruited to the County Health staff.

Recently difficulties have been experienced in recruiting suitable candidates for the course and, owing to a diminishing number of Surrey students it has only been possible to run a course with adequate numbers by including an increasing proportion of out-County or independent students. As a result the number of students taking up employment with the Council on qualifying has steadily declined. The Council has, accordingly, approved proposals which will be put into operation in 1955 designed to encourage recruitment of health visitors by the grant of financial assistance to student health visitors taking the Council's training course.

(e) Training of Student Nurses.

The General Nursing Council's revised syllabus for the training of student nurses requires that the student nurse shall have knowledge of the social aspects of disease, and the facilities provided by the local health authorities, under the National Health Service Act.

Many of the hospitals have asked for lectures to be given by members of our staff and for the student nurses to be given the opportunity to observe the work of district nurses and health visitors.

During 1954, 55 lectures were given by senior health visitors, 16 by district nurses and most of the students spent a day or two on the district with members of the staff. Although this has entailed extra work it is felt that it is valuable to have this link between the hospital nursing staff and the public health nurses.

VACCINATION AND IMMUNISATION.

(a) Diphtheria Immunisation.

The Council's policy in regard to diphtheria immunisation remained unchanged from the previous year.

(i) IMMUNOLOGICAL STATE.

The following table gives details of immunisation against diphtheria carried out during 1954 and the immunised state of the child population at the 31st December, 1954.

District.	No. of children.			Total No. of children who completed a course of immunisation whether primary or reinforcing at any time since 1st January, 1940.				Immunity index.			
	Immunised in 1954.		Who received a re-inforcing injection.	0-1 yrs.	1-4 yrs.	5-9 yrs.	10-14 yrs.	0-1 yrs.	1-4 yrs.	5-14 yrs.	Under 15 Total.
	0-4 yrs.	5-14 yrs.									
M.B. and Urban.											
Banstead	405	27	577	51	1,247	2,259	2,142	10.6	59.4	52.1	51.4
Barnos... ..	506	57	761	142	1,412	2,066	2,131	32.4	73.4	75.9	72.4
Beddington and Wallington	318	108	812	31	1,010	2,359	1,856	7.8	64.3	58.0	56.5
Carshalton	618	226	2,039	71	2,021	4,357	3,339	8.9	64.3	65.7	61.8
Caterham and Warlingham...	351	72	473	51	1,154	2,075	1,975	11.9	73.5	78.7	73.0
Chertsey	465	83	357	28	1,409	2,024	1,972	6.1	72.4	47.7	51.6
Coulsdon and Purley ...	743	45	1,357	98	2,313	4,310	3,880	12.2	82.6	72.7	71.0
Dorking	183	19	462	9	691	1,436	1,602	3.3	54.7	61.1	56.4
Egham	390	26	1,638	55	1,264	1,977	1,336	16.7	81.5	74.4	73.5
Epsom and Ewell	624	71	2,052	58	2,006	5,106	4,936	8.6	70.9	76.4	71.4
Esher	524	73	673	115	1,691	3,898	3,981	17.1	61.6	55.8	54.8
Farnham	257	22	529	65	906	1,600	1,402	29.8	67.4	56.0	57.8
Frimley and Camberley ...	313	10	225	25	1,041	1,468	1,081	6.1	76.3	89.5	78.2
Godalming	101	17	312	6	539	904	977	3.0	71.9	72.3	68.1
Guildford	537	52	665	112	1,874	3,204	1,951	16.2	78.7	62.7	63.3
Haslemere	125	12	254	23	491	942	678	14.8	56.8	80.6	70.4
Kingston-on-Thames ...	476	35	59	107	1,474	2,427	2,008	19.1	70.2	14.3	29.7
Leatherhead	383	46	744	43	1,064	2,179	1,994	11.6	70.7	66.2	64.0
Malden and Coombe ...	555	61	1,089	24	1,539	3,325	3,406	3.5	71.1	58.3	57.3
Merton and Morden ...	1,114	19	159	42	2,322	4,780	4,696	5.3	65.5	65.1	61.9
Mitcham	795	215	1,345	51	2,165	4,530	3,423	5.8	53.8	72.8	63.4
Roigate	777	56	839	446	1,885	3,317	2,441	68.6	62.8	78.9	73.8
Richmond	691	38	804	202	1,827	2,684	2,099	35.3	80.1	77.1	74.9
Surbiton	624	47	251	79	2,364	4,434	3,150	8.8	70.6	28.3	37.5
Sutton and Cheam ...	724	101	1,625	55	2,635	4,900	4,159	5.8	70.2	65.0	62.6
Walton and Weybridge ...	457	54	301	69	1,335	2,385	2,426	11.8	58.8	44.6	46.1
Wimbledon	605	30	796	43	2,054	3,766	2,790	5.4	62.9	52.0	51.9
Woking	631	89	713	56	1,896	3,880	3,179	7.1	62.4	53.7	52.9
Rural.											
Bagshot	182	26	309	18	513	789	1,029	9.4	64.8	47.5	49.4
Dorking and Horley ...	359	27	562	50	1,101	2,072	1,932	11.6	64.7	52.2	56.0
Godstone	351	59	206	49	1,177	1,989	2,075	10.9	56.8	84.6	72.9
Guildford	520	95	880	97	1,753	3,226	2,002	13.7	53.8	72.5	63.3
Hambleton	268	84	776	68	1,116	1,768	1,852	15.1	50.9	68.6	60.7
Totals	15,972	2,002	24,644	2,439	49,389	92,436	79,900	13.6	66.4	57.6	57.1

(ii) DIPHTHERIA NOTIFICATIONS IN THE CHILD POPULATION.

During the year one case of diphtheria was notified in a child of school age.

During the year 1252 home visits were paid by health visitors in connection with Vaccination and Immunisation.

(b) Smallpox Vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during the year.

Districts.		Vaccinated.						Re-Vaccinated.					
Age		—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
M.B. and Urban.													
Banstead ... ..	...	291	17	9	8	24	349	—	—	8	26	152	186
Barnes ... ..	...	236	16	9	12	29	302	—	—	1	17	104	122
Beddington and Wallington	...	104	66	11	8	15	204	—	—	3	15	60	78
Carshalton ... ..	...	383	3	5	3	1	395	—	4	10	19	6	39
Caterham and Warlingham	...	276	18	13	19	18	344	—	—	8	23	56	87
Chertsey ... ..	...	180	123	11	17	10	341	—	—	1	13	56	70
Coulsdon and Purley ...	...	534	27	17	26	49	653	—	—	8	25	109	142
Dorking ... ..	...	111	5	3	4	3	126	—	—	1	5	27	33
Egham ... ..	...	174	15	7	2	17	215	—	—	2	7	37	46
Epsom and Ewell ... ..	...	387	17	12	19	34	469	—	—	6	28	163	197
Esher... ..	...	352	23	25	6	2	408	—	—	1	18	9	28
Farnham ... ..	...	157	84	11	1	5	258	—	—	7	21	59	87
Frimley and Camberley ...	...	133	103	28	8	15	287	—	1	12	54	96	163
Godalming ... ..	...	69	49	3	5	9	135	—	—	3	11	41	55
Guildford ... ..	...	362	14	6	6	16	404	—	—	4	24	73	101
Haslemere ... ..	...	92	8	7	2	3	112	—	—	1	9	21	31
Kingston-on-Thames ...	...	401	11	8	18	10	448	—	—	8	12	145	165
Leatherhead... ..	...	241	22	11	8	17	299	—	—	11	33	124	168
Malden ... ..	...	325	17	18	13	13	386	—	—	1	7	28	36
Merton and Morden ...	...	435	18	16	14	45	528	—	1	7	14	98	120
Mitcham ... ..	...	241	192	29	16	26	504	—	1	4	9	97	111
Reigate ... ..	...	348	35	17	12	26	438	—	—	—	21	115	136
Richmond ... ..	...	272	13	9	10	18	322	—	—	4	12	162	178
Surbiton ... ..	...	308	267	52	21	70	718	—	—	3	33	125	161
Sutton and Cheam ... ..	...	493	33	30	19	42	617	—	—	3	15	173	191
Walton and Weybridge ...	...	182	134	22	11	21	370	—	4	3	30	143	180
Wimbledon ... ..	...	336	30	14	5	16	401	—	—	—	3	46	49
Woking ... ..	...	236	200	32	15	33	516	—	1	6	19	141	167
Rural.													
Bagshot ... ..	...	43	36	12	12	2	105	—	—	2	7	17	26
Dorking and Horley ...	...	247	16	11	12	13	299	—	1	4	17	105	127
Godstone ... ..	...	153	140	19	20	9	341	—	—	5	40	127	172
Guildford ... ..	...	446	29	26	9	8	518	—	—	5	35	113	153
Hambleton ... ..	...	253	19	7	11	6	296	—	—	7	35	92	134
Totals ... ..	...	8,801	1,800	510	372	625	12,108	—	13	149	657	2,920	3,739

There was one case of generalised vaccinia reported during the year. No deaths from this or other complications were reported.

(c) Whooping Cough Immunisation.

The following table shows the number of children immunised during the year 1954. The vaccine used under the County Council scheme is prescribed from time to time by the County Medical Officer. In interpreting these figures it should be borne in mind that many children are inoculated with a combined diphtheria-pertussis prophylactic.

District.	No. of children who completed a course of inoculation during 1954.		No. of children who received a re-inforcing injection during 1954.	
	0-4 years.	5-14 years.	0-4 years.	5-14 years.
M.B. and Urban				
Banstead	186	17	—	28
Barnes	507	18	15	42
Beddington and Wallington ...	337	16	9	19
Carshalton	525	31	62	17
Caterham and Warlingham ...	344	19	38	61
Chertsey	442	26	5	45
Coulsdon and Purley	701	21	89	180
Dorking	139	4	—	9
Egham	452	36	65	52
Epsom and Ewell	555	11	74	65
Esher	526	76	33	78
Farnham... ..	226	7	1	7
Frimley and Camberley ...	294	27	48	41
Godalming	93	11	1	2
Guildford	505	19	7	74
Haslemere	105	13	5	14
Kingston-on-Thames	539	36	—	—
Leatherhead	340	7	14	44
Malden and Coombe	515	36	9	57
Merton and Morden	433	8	43	62
Mitcham	760	78	10	29
Reigate	629	6	10	76
Richmond	683	13	11	63
Surbiton	615	66	10	124
Sutton and Cheam	675	14	33	39
Walton and Weybridge ...	433	46	7	91
Wimbledon	554	16	14	56
Woking	608	50	15	116
Rural.				
Bagshot	171	12	1	27
Dorking and Horley	329	11	6	16
Godstone	219	11	1	4
Guildford	345	9	22	68
Hambleton	196	5	2	11
Total	13,981	776	660	1,617

(d) B.C.G. Vaccination.

As already mentioned on page 19, the County Health and Education Committees towards the end of 1953 approved a scheme to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, free of charge, to school children between their thirteenth and fourteenth birthdays ; and this scheme was put into operation in 1954.

Before starting vaccination, all general practitioners and teachers in Surrey schools were circularised explaining the scheme and asking their co-operation in trying to make it a success. As each school is dealt with, explanatory leaflets are sent to the parents asking for their consent to the vaccination of their child. School medical officers who have been specially designated for the purpose then visit the school and perform Mantoux Tests on those whose parents have consented and forty-eight hours later, vaccinate those who are mantoux negative : a post-mantoux is done a minimum of six weeks later to see if the vaccination has been successful. If the child is found to be mantoux positive and so not to need vaccination, a note to that effect is given to the child to take to his parents who are advised to let their family doctor have the information : such children should at an early opportunity be taken to a Mass Radiography Unit or otherwise X-rayed. Each child who has been vaccinated is given a card certifying to that effect which can be produced whenever necessary.

Thanks to careful preliminary planning on the part of all concerned the scheme has worked smoothly. No cases of complications following vaccination have been reported.

The following table gives statistical information for the short time that the scheme has been in operation :—

B.C.G. Vaccination of School Children aged 13 years. Statistics for period 1st July, 1954, to 31st December, 1954.

Division.	In age group.	Consents.	Percentage of consents.	Absent.	Mantoux +ve.	Percentage +ve.	Absent from B.C.G.	Vac-cinated.	Percentage of age group who were vac-cinated.
North-Western	653	424	63.41	77	51	14.69	16	280	42.87
Central	1,511	1,110	73.0	29	124	11.5	8	949	63.0
North-Central	1,628	1,151	71.0	15	128	11.0	3	1,004	62.0
Southern	336	212	63.1	20	51	26.6	4	137	40.8
South-Eastern	763	563	73.78	26	70	13.0	11	457	59.8
Northern	190	152	80.0	5	15	10.2	—	132	69.5
South-Western—									
Borough	600	464	77.0	11	79	17.44	4	370	61.5
Rural	579	443	76.51	16	93	21.78	9	325	56.13
North-Eastern—									
Merton and Morden	—	—	—	—	—	—	—	—	—
Wimbledon... ..	—	—	—	—	—	—	—	—	—
Mid-Eastern—									
Beddington and Wallington	246	142	57.72	15	17	13.39	2	108	43.9
Carshalton	486	327	67.0	23	19	6.2	2	283	58.0
Totals	6,992	4,988	71.34	237	647	13.62	59	4,045	57.85

AMBULANCE SERVICE.

(1) Organisation, Administration and Strength.

The developments referred to in paragraph 2 below are the only substantial changes which have taken place in the Service since my report for 1953.

(2) Development.

In accordance with the Council's policy of providing efficient premises for the Ambulance Service, a new station was opened at Ottershaw. This station, which is the main control station for the County Districts of Woking, Egham, Frimley and Camberley, Bagshot, Walton and Weybridge and Chertsey, is the second of four such stations which will eventually be provided. The fifth station, situated at Guildford, is already operated by the St. John Ambulance Brigade.

By the purchase of suitable premises it was also possible to provide an ambulance sub-station at Woking, so that the Service in the whole of the above area is now housed in adequate premises.

(3) Radio Telephone Scheme.

During 1953 the scheme for radio control in the Kingston and St. Helier areas was gradually implemented and by the beginning of 1954 it was in full operation.

From the onset of the scheme it was apparent that radio control would enable the service to operate with greater efficiency. Previously, only ambulances in their stations could be used for calls, including emergency calls, but with radio control all empty ambulances, including those on their return journey after delivering a patient, are available (provided they are within wireless range) and can be readily redirected. Ambulances sent to wrong or doubtful addresses can check their assignments without returning to their base: late cancellations can be verified, and if the call is an emergency such redirection frequently means that valuable time in reaching the scene of the incident can be saved. Furthermore, redirection in transit saves mileage, and the average mileage per case carried has fallen since the introduction of wireless control from 7.4 miles per case to 7.1 miles per case.

During the first full year of operation there was a saving of £9,000 on the purchase of vehicles and a reduction in the operational strength. Added to this concrete saving there were other economies due to a reduction in miles per patient, etc. As all these economies have an annual recurring effect, it is estimated that the net saving due to the use of radio is in the order of £5,000 per annum.

(4) Voluntary Organisations.

The St. John Ambulance Brigade have continued to provide a control station at Guildford, nine agency sub-stations and six supplementary stations.

The British Red Cross Society have provided two agency sub-stations and two supplementary stations.

A number of full-time ambulance personnel whose wages are reimbursed by the County Council are employed by both these organisations at the agency stations to supplement the volunteers who play a large part in those services. It is becoming increasingly difficult to maintain the number of volunteers, and consequently both the St. John Ambulance Brigade and the British Red Cross Society have requested the County Council to increase the numbers of paid personnel at certain of their stations.

The Hospital Car Service have continued to provide most of the transport of out-patients where the need is for a car rather than an ambulance, and although there has been some reduction in the number of drivers available, the Hospital Car Service provided transport for more than 120,000 patients during the year.

(5) Vehicle Maintenance.

In January, 1954, a Vehicle Maintenance Officer for the ambulance fleet was appointed on the staff of the County Engineer who then became responsible for the technical maintenance of the fleet. Modern servicing and minor repairs bays are being developed at each of the control stations and the standard of maintenance is being constantly improved.

(6) Emergency Work.

(i.e., accidents anywhere, and sudden illness in streets and public places.)

As shown below, the steady increase in the number of emergency patients carried by the Service since 1950 was not maintained in 1954, the figures showing a 1 per cent. decrease over the previous year.

<i>Year.</i>				<i>No. of Patients. Increase over 1950.</i>	
					<i>%</i>
1950	...	...	...	10,039	—
1951	...	...	...	12,104	21
1952	...	...	...	13,581	35
1953	...	...	...	14,621	46
1954	...	...	...	14,548	45

The average times taken to reach emergency incidents from the time of receipt of the call was the same as 1953, i.e., five to six minutes for the direct service and just over seven minutes for the voluntary organisation services. The latter, of course, operate mainly in the more rural districts of the County. The service was fully extended on a number of occasions in trying to maintain these standards, and in the Metropolitan area of the County radio control, by contacting vehicles on the road and redirecting them to incidents, played an essential part in doing so.

(7) Non-Emergency Work.

(i.e., routine hospital admission and discharge, out-patients, etc.).

The requests for ambulances and cars for the great volume of work undertaken under this heading have to be continually checked to ensure that the necessary conditions for the provision of transport are fulfilled.

In my report for 1953 I stated that there would be an inevitable upward trend in requests for transport if hospitals were able to increase the number of in-patient and/or out-patient treatments, and the steady upward trend since 1951 has continued.

The increase in 1953 brought difficulties which stretched the service almost to the limit at peak periods, but in 1954 a further increase greater than that of the previous year made it impossible to carry out all the non-emergency work promptly. In order to maintain the standard of service for out-patients, six additional sitting ease vehicles and one additional ambulance are to be provided during 1955.

(8) Summary of Work.

The total work done by each of the component services in 1954, with comparative figures for the previous three years, is given in the following table :—

<i>Service.</i>	<i>1951</i>		<i>1952</i>		<i>1953</i>		<i>1954</i>	
	<i>Patients.</i>	<i>Miles.</i>	<i>Patients.</i>	<i>Miles.</i>	<i>Patients.</i>	<i>Miles.</i>	<i>Patients.</i>	<i>Miles.</i>
County Service (including Contractors)	137,037	1,137,094	136,874	1,110,129	136,913	1,142,356	154,604	1,254,516
Infectious Disease Hospitals ...	1,120	17,422	597	12,021	710	12,918	758	13,922
Voluntary Organisations—								
S.J.A.B. ...	33,335	444,829	36,243	458,707	40,077	513,925	41,631	463,866
B.R.C.S. ...	5,317	71,636	5,343	75,202	4,717	70,548	4,488	67,315
Hospital Car Service	108,751	1,560,146	114,411	1,618,521	120,957	1,663,581	120,290	1,584,857
County Fire Brigade	923	6,197	—	—	—	—	—	—
Total ...	286,483	3,237,324	293,468	3,274,580	303,374	3,403,328	321,771	3,384,476

Although the number of patients carried is higher than ever before, the mileage shows a decrease of 18,852 over 1953.

The annual percentage increase in ambulance mileage for the administrative County of Surrey has been below the annual increase for the country as a whole, as indicated in the following table :—

<i>Surrey Ambulance Service.</i>		<i>Ministry of Health Figures for Whole Country.</i>	
<i>Year (Jan.-Dec.).</i>	<i>Increase.</i>	<i>Year (April-Mar.)</i>	<i>Increase.</i>
	<i>%</i>		<i>%</i>
1950	10.6	1950/51	14
1951	5.4	1951/52	17
1952	6.7	1952/53	19
1953	10.8	1953/54	25
1954	10.2	1954/55	not yet available

PREVENTION OF ILLNESS, CARE AND AFTER-CARE OF THE SICK.

(a) Tuberculosis.

CHEST CLINIC ORGANISATION.

There are 17 independent Chest Clinics which are grouped under the respective Chest Physicians into 11 Chest Clinic areas, each area being in charge of a Chest Physician (one of whom is in charge of the Mass Radiography Unit, another of whom is Physician Superintendent of Milford Chest Hospital). The 5 Chest Clinic areas of the St. Helier Group (Carshalton, Mitcham, Merton and Morden, Sutton, and Wimbledon) are centred on St. Helier Hospital at present. Consultant supervision of the Mitcham, Merton and Morden and Mortlake Chest Clinic areas is exercised by the Chest Physicians of the Carshalton, Sutton and Kingston areas respectively.

There are 47 health visitors on the staff of whom 20 devote full time to the tuberculosis service, the remainder being general health visitors who undertake the tuberculosis visiting in certain rural areas of the County. During 1954 these health visitors paid a total of 21,178 visits to tuberculous households and attended 3,091 chest clinic sessions.

The future development of the Chest Clinic Service provides for the transfer of the Mitcham, Merton and Morden and Wimbledon Chest Clinics to a new central clinic at Cumberland Hospital for which plans have been approved, and building will start in 1955. In addition, the centralisation of the Woking, Weybridge and Egham Chest Clinics at St. Peter's Hospital, Chertsey, has been approved and plans have been drawn up so that this Chest Clinic may be developed as an urgent priority, together with the development of a new Chest Clinic at Purley. The transfer of Epsom Chest Clinic to Epsom District Hospital has been delayed till 1955. Farnham Chest Clinic will be transferred to Aldershot Infectious Diseases Hospital in 1955, where new clinics to serve both Farnham and Aldershot are being opened. Reorganisation of the area served by the present Farnham and the Guildford Chest Clinics has been undertaken. The development of Redhill Chest Clinic at Redhill Hospital as part of the out-patient department of the hospital will be undertaken in 1955 and 1956. The Guildford Chest Clinic is being transferred from the Sanatorium Group to Guildford H.M.C., and improvement of the Chest Clinic by the addition of radiological and dark room facilities has been agreed. Development of a new Chest Clinic at Milford Chest Hospital together with other facilities for occupational therapy and physiotherapy will be completed in 1955. Kingston Chest Clinic will be moved to Kingston General Hospital, as part of the out-patient department and the general development of the hospital and plans are being considered for resiting the Mortlake Chest Clinic in the Royal Hospital, Richmond.

It is hoped that, by the end of the next three years, the redeployment and upgrading of all the chest clinics in Surrey may be completed and that all the major chest clinics will be closely associated with the main general hospitals.

WORK OF THE CHEST CLINICS.

The Chest Physician of the Chest Clinic is responsible for all the work of the Anti-Tuberculosis Schemes in his area. In addition to his work in relation to the treatment of tuberculous persons, for which he is responsible to the Regional Hospital Board, he is responsible to the County Council for the work in relation to the prevention of tuberculosis. This latter includes:—

(1) *Examination of Contacts.*

The examination of contacts continues at a high level. In 1954, a total of 3,434 new contacts were seen at chest clinics, of which 48 were diagnosed as suffering from tuberculosis (13.9 per 1,000 examined). The total new contacts examined in 1954 represents a decrease of 128 on the 1953 figure.

The ratio of new cases of tuberculosis definitely tuberculous to new contacts examined was 4.8, which can be considered very satisfactory. A close follow-up of school contacts was maintained by Divisional Medical Officers, Chest Physicians and the Director of the Surrey Mass Radiography Units, and the examination and tuberculin testing of children exposed to risk from a confirmed case of tuberculosis was carried out whenever such a risk was known to have occurred.

(2) *B.C.G. Vaccination.*

The scheme introduced by the Minister of Health to provide for B.C.G. Vaccination of contacts was put into operation in Surrey in 1950 and the work is undertaken by the Chest Physicians. In some areas the Chest Physicians are helped by Assistant Medical Officers who are formally approved for the purpose by the Minister of Health.

In 1954 the scope of B.C.G. Vaccination was extended to include all school children between their 13th and 14th birthdays, the vaccination being carried out by designated medical officers on the staff of the County Council.

The following table shows the number of contact vaccinations carried out by Chest Physicians in each Chest Clinic area during the year 1954. They do not include B.C.G. vaccinations carried out as part of the programme for school children between their 13th and 14th birthdays which was undertaken by the School Medical Service (*vide* page 38).

Chest Clinic.						Total.
Carshalton	...	...	...	...	...	163
Dorking	...	...	...	...	...	31
Egham	...	...	...	...	...	14
Epsom...	...	...	...	...	...	101
Farnham	...	...	...	...	...	2
Guildford	...	...	...	...	...	36
Kingston	...	...	...	...	...	121
Merton and Morden...	...	...	...	...	...	66
Milford	...	...	...	...	...	36
Mitcham	...	...	...	...	...	113
Mortlake	...	...	...	...	...	80
Purley	...	...	...	...	...	44
Redhill	...	...	...	...	...	64
Sutton	...	...	...	...	...	104
Weybridge	...	...	...	...	...	64
Wimbledon	...	...	...	...	...	58
Woking	...	...	...	...	...	81
Total						1,178

(3) Garden Shelters.

The County Council have provided 53 shelters of an up-to-date design since 1950. The suitability of the garden and the siting are agreed by the County Health Inspector and the Engineer and Surveyor of the Local Authority concerned.

During the current year only 6 requests for garden shelters were received from the Chest Physicians.

The following table shows the work of the 17 chest clinics in the year :—

		Respiratory (R)						Non-Respiratory (NR)						Totals						Grand Total.
		Adult.			Child. (under 15 years)			Adult.			Child. (under 15 years)			Adult.			Child. (under 15 years)			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
1	New Cases (Excluding Contacts)	193	96	2	—	7	13	4	—	200	109	6	—	315	} 5,077					}
	(a) Diagnosed Tuberculous—	...	...	...	...	...	...	...	...	...	...	...	...	...
	(1) T.B. Plus	...	...	...	...	...	...	...	...	...	...	...	...	...
	(2) T.B. Minus	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
	(c) Not determined...	...	...	...	...	...	...	...	...	...	...	...	...	...
2	Contacts First Examined ...	10	11	13	12	—	—	1	1	10	11	14	13	48	} 3,434					}
	(a) Diagnosed Tuberculous—	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
	(c) Not determined	...	...	...	...	...	...	...	...	...	...	...	...	...
3	Contacts Re-examined (Excluding those under Paragraph 2 above)	15	13	8	10	—	—	1	—	15	13	9	10	47	} 5,640					}
	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Non-Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
	(c) Not determined	...	...	...	...	...	...	...	...	...	...	...	...	...
4	Transferred Cases ...	242	202	7	4	7	14	3	4	249	216	10	8	483	} 970					}
	(a) From other Areas (outside the County)	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) To other Areas (outside the County)...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Cases Written off Register	154	147	11	11	22	23	7	10	176	170	18	21	385	} 885					}
	(a) Recovered	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Died	...	...	...	...	...	...	...	...	...	...	...	...	...
	(c) Lost sight of	...	...	...	...	...	...	...	...	...	...	...	...	...
	(d) Other reasons	...	...	...	...	...	...	...	...	...	...	...	...	...
6	Cases Returned to Register	49	30	—	—	13	7	8	6	62	37	8	7	114	} 10,027					}
	(a) Diagnosed Tuberculous	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) With known positive sputum previous six months	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Cases on Register on 31st December	218	108	—	—	—	—	—	—	218	108	—	—	326	} 34					}
	(a) With other positive findings	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) With other positive findings	...	...	...	...	...	...	...	...	...	...	...	...	...

1. No. of attendances at Chest Clinics (including Contacts) ... 48,213
2. No. of consultations held by Medical Staff :—
 - (a) Domiciliary ... 322
 - (b) Hospital ... 643
3. No. of visits by Medical Staff to homes (excluding those shown in 2 (a)) ... 1,393
4. No. of referrals given at A.P. Clinics ... 26,927 (957 sessions at an average of 28.1 patients per session).

A summary of the work of the individual Chest Clinics is given in the table which follows :—

Chest Clinic.	Population of Clinic Area (mid-year 1953).	No. of T.B. Cases on the Register on 1/1/54.	No. of New Cases Definitely T.B. (Including contacts).	No. of T.B. Cases on the Register on 31/12/54.	No. of Contacts Attending during 1954.			No. of Contacts Found to be Definitely T.B.			Clinic Sessions.	Attendances.	Average Attendance per Clinic Session.
					New.	Old.	Total.	New.	Old.	Total.			
Carshalton ...	61,680	757	42	740	180	357	537	1	5	6	188	3,955	21.0
Dorking ...	32,010	148	12	153	88	112	200	—	—	—	52	948	18.2
Egham ...	25,800	179	16	197	65	116	181	2	—	2	25	507	20.3
Epsom ...	96,510	601	51	618	262	379	641	3	2	5	119	3,444	28.9
Farnham ...	64,520	172	27	191	76	62	138	2	—	2	51	978	19.2
Guildford ...	113,070	574	47	593	203	231	434	—	2	2	153	3,425	22.4
Kingston ...	199,280	1,248	115	1,185	419	653	1,072	6	9	15	311	6,030	19.2
Merton and Morden ...	73,240	971	43	898	158	554	712	5	1	6	223	4,198	18.8
Milford ...	26,910	180	17	192	116	38	154	4	5	9	25	940	37.6*
Mitcham ...	98,940	1,037	84	1,031	339	550	889	4	11	15	202	4,183	20.7
Mortlake ...	82,550	559	39	559	198	360	558	4	1	5	158	3,352	21.2
Purley ...	96,780	539	28	551	224	278	502	—	2	2	116	2,491	21.5
Redhill ...	100,730	561	69	603	347	316	663	10	4	14	115	2,833	24.6
Sutton ...	106,480	970	90	973	244	562	806	—	5	5	235	5,262	22.4
Weybridge ...	71,540	409	50	459	143	370	513	5	—	5	54	1,446	26.8
Wimbledon...	58,300	481	26	464	146	322	468	—	—	—	118	2,285	19.4
Woking ...	67,160	540	56	620	226	380	606	2	—	2	103	1,936	18.8
Totals ...	1,375,500	9,926	812	10,027	3,434	5,640	9,074	48	47	95	2,248	48,213	21.4

* Average per doctor session = 18.8.

Care and After-Care.

(i) TUBERCULOSIS CARE ALMONERS.

There is no change in the establishment of nine Tuberculosis Care Almoners and one County Tuberculosis Care Organiser each of whom is attached to a Chest Clinic in the County.

(ii) PROVISION OF MILK FREE OF CHARGE.

The average number of patients receiving milk free of charge each week throughout the year on the recommendation of the Chest Physicians was 623. The Care Almoners are responsible for ascertaining that there is need in accordance with the scale laid down by the County Council.

(iii) SEGREGATION OF CONTACTS.

173 (198) children were boarded out during the year to protect them from danger of infection, to enable a patient to accept institutional treatment, or for segregation during the period of vaccination with B.C.G. Approved foster homes and private children's homes were mainly used for those of school age and Sendhurst Grange, the County Council Hostel for segregation of contacts, for those under school age. Most of the cases coming forward for boarding out had to be placed urgently owing to the speed up of the rate of admission of patients to hospital, and Sendhurst Grange Nursery has proved to be of great value in preventing delay in seeking places elsewhere.

89 (95) new cases were placed and 115 (114) returned to their own homes during the year: the average duration of stay of the latter was 59 (48) weeks. (The corresponding figures for the previous year are shown in brackets.)

(iv) TUBERCULOSIS CARE COMMITTEES.

The excellent service given by the twenty voluntary Care Committees to tuberculous patients and their families who are in need has continued as in previous years. The Committees are guided in their work by the Chest Physicians, Care Almoners and Health Visitors.

The income of the twenty Committees for the year consisted of £7,488 which they raised by their own efforts and £1,000 which they received in grants (£50 to each Committee) from the County Council. They spent a total of £8,649 on items such as the following: food (£1,383), clothing (£899), bedding (£290), household goods (£706), training schemes (£174), pocket money to patients in sanatoria (£839), fares to relatives to visit (£752).

The Standing Conference of Surrey Tuberculosis Care Committees which co-ordinates the work of the twenty district Care Committees and which consists of representatives of the Care Committees and the County Health Committee had an income of £1,844 during the year. This was spent mainly on country and seaside holidays for children selected by the Chest Physicians (£1,533), occupational therapy (£100), and art therapy schemes for patients in hospital (£179). The County Education Committee co-operated with the Conference by allowing Sheephatch School to be used for a fortnight's holiday for 150 children and contributing 25 per cent. of the cost.

(v) OCCUPATIONAL THERAPY.

The staffing establishment remains the same as in the previous year. Students have attended during the year for practical experience.

There has been more concentrated effort on Sales of Work. Throughout the year the following exhibitions have been held: In conjunction with the Annual Meeting of the Standing Conference of Surrey T.B. Care Committees; the Round Table, Woking; Dorking Care Committee; Townswomen's Guild, Merton Park; B.R.C.S. Agricultural Show, Eashing; B.R.C.S. Farnham; B.R.C.S. Guildford, Christmas Sale; County Hall, Christmas Sale; St. Helier Christmas Sale; B.R.C.S. Chertsey.

The Jig-Saw Library has operated throughout the year, the Standing Conference meeting the expenses which are mostly postal.

The Standing Conference have given valuable help to the section, and the various Care Committees to individual patients. Entries have again been forwarded to the N.A.P.T. Art Competitions.

The number of new patients registered during the year was 183.

The total number of patients receiving occupational therapy on 31st December, 1954, was 628, of whom 283 were in hospital, 281 were domiciliary, 41 out-patients attending centres, and 23 were postal.

The amount expended on consumable materials during the year was £2,538 15s. 6d.

(vi) REHABILITATION AND COLONISATION.

The County Council agree to accept responsibility in respect of the maintenance of tuberculous patients who are recommended by the Chest Physician for admission to the Rehabilitation Units.

at institutions approved for this purpose. The three centres to which Surrey patients are sent are :—

Papworth Hall, Cambridge.
Preston Hall, Maidstone.
Enham-Alamein, Andover.

The rates paid are in accordance with an agreed scale of charges and are reduced from time to time on the basis of the patients' fitness for work and the period of residence without a relapse. No responsibility is undertaken by a local authority until such time as a patient is able to work for five hours daily. The number of patients for whom the County Council were liable at the end of 1954 was 9—3 at Papworth Hall, 3 at Preston Hall and 3 at Enham-Alamein. Chest Physicians are making use increasingly of the local facilities which exist at the Government Training Centres at Waddon and Egham, where a wide range of training facilities exist, and from which a patient can remain in his domestic environment, and continue under chest clinic supervision.

(vii) HOLIDAY HOMES.

The County Council provide recuperative holidays for tuberculous patients on the recommendation of the Chest Physicians. Most of the cases are quiescent. Difficulty is still encountered in finding Holiday Homes which will accommodate tuberculous cases with a positive sputum although such cases frequently require a short period of recuperation.

(viii) HOME HELPS.

Home Helps are supplied on the recommendation of the Chest Physicians as for other sick persons, but a more favourable scale of assessment for recovery of cost is applied in the case of tuberculous persons.

(ix) UTILISATION OF DISTRICT NURSES.

District Nurses are utilised for cases strictly confined to bed rest for general nursing attention, blanket baths, etc. Their services are also utilised to an increasing extent in the administration of streptomycin and other chemo-therapeutic drugs used in the treatment of tuberculosis.

MASS RADIOGRAPHY.

The following is extracted from the Report for the year 1954 of the Medical Director of the two Mass Radiography Units operating from the Worcester Park Centre and covering the County of Surrey, together with the County Borough of Croydon and part of West Sussex and Hampshire.

During 1954 the two Units examined 104,947 people, compared with 104,621 in 1953.

(1) 130 new cases of active pulmonary tuberculosis were detected. 44 were subsequently proved to be infectious cases and 66 were non-infectious. We were unable to obtain results of bacteriological investigations in 20 cases.

From information kindly provided by the County Medical Officer, it appears that 16 per cent. of the new notifications in Surrey during 1954 were as a result of Mass Radiography examination. In addition, many cases of tuberculosis are referred to chest clinics and kept under observation for several years before evidence of active disease becomes manifest and notification is necessary. These cases are not recorded in our statistics and it is probably true to say that Mass Radiography's share of the new notifications is higher, in fact, than these figures suggest.

(2) In 1954 the incidence of active pulmonary tuberculosis was 1.2 per 1,000 examinations, as compared with an incidence rate in 1953 of 1.7 per 1,000 examinations. This decline is reflected in the lowered notification rate for the County of Surrey as a whole.

(3) During 1954 the Units examined 42,473 people who had not previously attended a Mass Radiography Unit. This is approximately 40 per cent. of the total examined, leaving 60 per cent. of the group who had had a previous chest X-ray through the service.

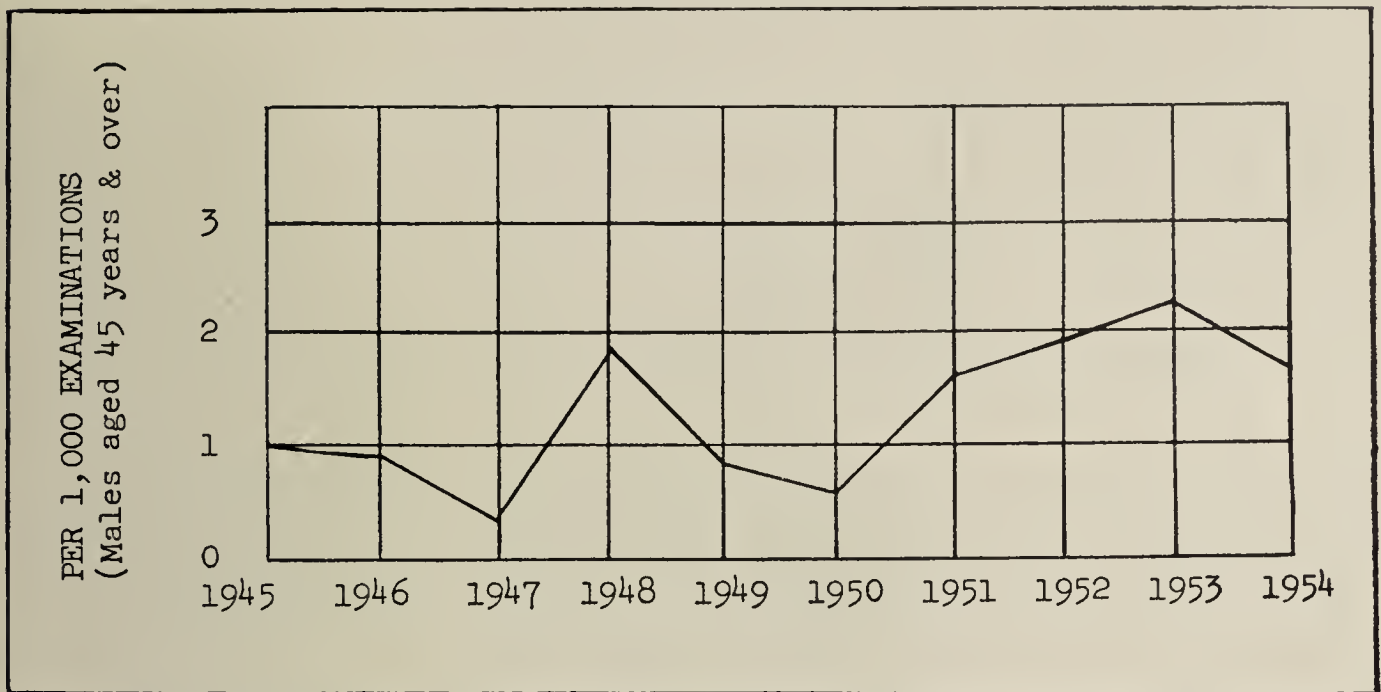
		<i>Cases of Active Pulmonary Tuberculosis Detected.</i>	<i>Rate per 1,000 Examinations.</i>
Previously examined (62,474)	...	51	0.8
New examinations (42,473)	...	79	1.9

These figures point to the need for continued efforts to attract primary examinees to the Units and this can only be achieved by intelligent use of publicity methods which require the expenditure

of much time and money. Increased funds devoted to this purpose will yield a greater return in the number of cases of active tuberculosis which the Units are able to detect.

(4) During 1954, the Units detected 33 cases of primary carcinoma of lung.

The incidence of this disease has generally increased and the following graph shows this rising incidence of lung cancer in males over the age of 45 years :—



(5) The number of cases of active tuberculosis amongst children of 14 years and under is again high. This does not imply that there is generally a higher tuberculous incidence in this age group ; in fact, figures throughout the country and previously confirmed by the Surrey Units show that there is a very low rate in this group. The children examined in 1954 had all been previously Mantoux tested and only those who were tuberculin positive were submitted for X-ray examination. The majority of these children had been in contact with a case of tuberculosis in their school and the examinations were carried out on behalf of the Surrey County Council School Health Service. (These surveys are referred to in more detail in the section on the School Health Service on page 71.)

Analysis of Abnormal Findings.

	M.	F.	Total.	Rate per 1,000.
A. Cases of Pulmonary Tuberculosis.				
1. Inactive pulmonary tuberculosis.				
(a) Primary lesions	1,254	1,256	2,510	23.9
(b) Post-primary lesions	956	794	1,750	16.7
2. Active pulmonary tuberculosis.				
(a) Primary disease	5	6	11	0.15
(b) Unilateral post-primary disease	42	27	69	0.66
(c) Bilateral post-primary disease	28	19	47	0.45
(d) Pleural effusions	1	2	3	0.03
3. Cases recommended for Hospital or Sanatorium	41	33	74	0.7
4. Cases recommended for observation	129	83	212	2.0
B. Non-tuberculous Conditions.				
(a) Abnormalities of bony thorax and lungs	282	269	551	5.3
(b) Bronchitis and emphysema	392	53	445	4.2
(c) Bronchiectasis	97	59	156	1.5
(d) Pneumonia and pneumonitis... ..	107	90	197	1.9
(e) Pneumoconiosis	15	—	15	0.14
(f) Pleural thickening and fibrosis	722	324	1,046	9.9
(g) Intra thoracic new growths				
(i) Malignant	28	5	33	0.31
(ii) Non-malignant	5	11	16	0.15
(h) Cardiovascular lesions				
(i) Congenital	22	36	58	0.55
(ii) Acquired	154	219	373	3.6
(i) Miscellaneous	239	228	467	4.4

Analysis by Age showing Total Numbers Examined and Numbers showing Evidence of Active Pulmonary Tuberculosis.

	14 years and under.			15-24.			25-34.			35-44.			45-59.			60 years and over.			Totals.		
	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Total persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.	Persons examined.	No. diag-nosed active T.B.	Inci-dence per 1,000 popula-tion.
Male ...	1,120	6	*5.4	9,110	14	1.5	14,890	18	1.2	11,040	17	1.5	12,400	16	1.3	3,670	5	1.4	52,230	76	1.5
Female ...	810	6	*7.4	14,560	27	1.9	12,200	10	0.8	10,180	7	0.7	11,700	1	0.09	3,320	3	0.9	52,770	54	1.0
Total ...	1,930	12	*6.2	23,670	41	1.7	27,090	28	1.0	21,220	24	1.1	24,100	17	0.7	6,990	8	1.1	105,000	130	1.2

The age group distribution figures are based on a 10 per cent. sample of record cards. Of the total examined, 3,301 (or 3.1 per cent.) were recalled for large film examination and 865 (0.8 per cent.) for clinical examination.

* This high incidence rate is due to the examination of tuberculin positive school children.

Survey Analysis.

TYPE OF SURVEY.		NUMBERS EXAMINED.			NUMBERS SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS.					
		MALE.	FEMALE.	TOTAL.	MALE.		FEMALE.		Combined Total.	Combined Incidence per 1,000.
					No.	Incidence per 1,000.	No.	Incidence per 1,000.		
A	General Public	23,876	35,512	59,388	37	1.5	33	0.93	70	1.2
B	Industrial Groups	24,803	13,550	38,353	25	1.0	10	0.74	35	0.9
C	School Groups	1,666	1,582	3,248	7	4.2	7	4.4	14	4.3*
D	General Practitioner Groups	87	82	169	2	23.0	1	12.2	3	17.7
E	Institutional Groups	1,796	1,800	3,596	5	2.7	3	1.7	8	2.2
F	Ante-natal patients... ..	—	193	193	—	—	—	—	—	—

* The high incidence rate in this group is due to examination of tuberculin positive school contacts.

(b) Recuperative Holidays.

Under their Recuperative Holidays Scheme the County Council send discharged hospital in-patients, hospital out-patients and patients having had severe illness at home, on the appropriate medical recommendation, for recuperative holidays for a maximum period of three weeks extendable to four weeks in exceptional circumstances, and as regards those groups towards whom the Council have special responsibilities (e.g., tuberculosis, cases of mental illness, mental defectives) for a maximum period of three months extendable only in exceptional cases.

All patients, except those suffering from tuberculosis, sent to “ holiday homes ” under the scheme are required to pay a standard charge of 25s. 0d. (to be increased to £1 12s. 6d. from 1st June, 1955) per week towards their maintenance ; if they claim to be unable to do so they are required to submit a statement of their financial circumstances, on which the amount they will be asked to pay is assessed.

Mothers and young children are dealt with under Section 22 of the National Health Service Act and school children under the Education Act.

Particulars of the cases dealt with during the year ended 31st December, 1954, are as follows :—

	<i>Hospital In-Patients.</i>	<i>Hospital Out-Patients.</i>	<i>General Practitioners' Cases.</i>	<i>Total.</i>
Number of patients sent to Holiday Homes	121	128	48	297
Cost (excluding contributions by patients)	£1,061 5s. 6d.	£1,165 4s. 6d.	£378 6s. 6d.	£2,604 16s. 6d.
Length of stay : 1 week	5	5	5	15
2 weeks	94	86	37	217
3 weeks	16	32	4	52
4 weeks	5	3	2	10
over 4 weeks	1	2	—	3

(c) Nursing Equipment.

(i) LOANS.

Under the Agreements concluded with the British Red Cross Society and the St. John Ambulance Brigade these Organisations have continued to maintain Medical Loan Depots throughout the County from which nursing equipment can be borrowed for a maximum period of six months. All loans are free of charge but a deposit, which is returnable, is required. The number of Depots maintained at the end of the year was 55.

The extent of the loans of nursing equipment during the year ended 31st December, 1954, was as follows :—

<i>Article.</i>	<i>No. of Loans.</i>	<i>Article.</i>	<i>No. of Loans.</i>
Air beds	118	Bed cradles	407
„ bellows	116	Crutches	178
„ rings	1,501	Douche cans... ..	31
Bed rests	1,068	Feeding cups	215
„ pans	2,128	Inhalers	15
„ tables	205	Mackintosh sheets	2,067
Invalid chairs	836	Steam kettles	59
Commodos	387	Urinals	614

(ii) PURCHASE.

In cases where a patient needs an article of nursing equipment permanently, the County Council have agreed to supply it provided an undertaking is given to repay the full cost, which in the case of the more expensive articles may be made by instalments. In necessitous cases the article is provided and the patient is assessed by the County Treasurer as to the amount, if any, required to be contributed.

(d) Venereal Diseases.

The former County Council Clinics at Guildford, Woking, Redhill, Carshalton and Kingston were continued during the year by the respective Hospital Management Committees. The duty of persuading women defaulters to resume attendance and of securing the attendance of persons exposed to infection continued to be exercised by the Council's Special Services Visitor.

Information as to Surrey residents having been treated at Clinics is obtained from the annual return which is made by the Medical Officer of the Clinic to the Ministry of Health, copies of which the Medical Officer is required to send to the Medical Officer of Health of each County and County Borough in which patients treated at the Clinic reside. The following summarises the information received :—

1954	Guildford Clinic.	Kingston Clinic.	Redhill Clinic.	St. Heller Clinic.	Woking Clinic.	Croydon Clinic.	Other Clinics.	Total.
New Cases (Surrey).								
Syphilis... ..	3	3	5	9	1	10	11	42
	(13)	(3)	(3)	(11)	(1)	(10)	(26)	(67)
Gonorrhœa	15	1	3	47	4	14	69	153
	(32)	(8)	(2)	(31)	(7)	(9)	(76)	(165)
Other conditions	145	22	36	261	52	112	567	1,195
	(176)	(14)	(35)	(316)	(87)	(149)	(692)	(1,469)
Totals	163	26	44	317	57	136	647	1,390
	(221)	(25)	(40)	(358)	(95)	(168)	(794)	(1,701)

The figures in brackets relate to the year 1953.

A considerable decrease in the number of new cases of venereal disease amongst Surrey patients has taken place since the end of the war as the following table shews :—

Year.	Syphilis.	Gonorrhœa	Other Conditions.*	Total.
1945	250	451	2,490	3,191
1946	294	572	2,549	3,415
1947	255	415	2,068	2,738
1948	192	291	2,244	2,727
1949	148	218	1,919	2,285
1950	110	176	2,102	2,388
1951	105	123	1,466	1,694
1952	74	156	1,439	1,669
1953	67	165	1,469	1,701
1954	42	153	1,195	1,390

* The great majority of these conditions are not venereal.

(e) Public Education in Health.

The County Health Committee have entrusted to Divisional Health Sub-Committees the duty of carrying out functions connected with the development of a comprehensive health education programme as opportunity occurs.

During the past year talks by specialist lecturers were given to many organisations, including Women's Fellowship, Women's Guilds, Women's Institutes, Youth Clubs, Boy Scouts, Co-operative Guilds, British Legion, Townswomen's Guilds and these, in general, were well attended and appreciated. Some of the subjects dealt with were home safety, mental and physical needs of the growing child, mental health, food hygiene, protection of the adolescent against tuberculosis by the use of B.C.G. vaccine. In one Division talks were given to children of school leaving age in Grammar and Secondary schools.

Divisional Medical Officers, School Medical Officers and Health Visitors have addressed meetings of Parent/Teacher Associations, teachers at a meeting arranged by the National Union of Teachers on B.C.G. vaccination and to expectant mothers at relaxation classes on baby's routine, accidents in the home, etc.

During campaigns relating to diphtheria immunisation, slides are shown at local cinemas, advertisements are inserted in the local press, posters exhibited and book-marks distributed to public libraries.

Film strips have been shown at some Infant Welfare Centres and use has been made of posters of the Central Council for Health Education and the Central Office of Information relating to such matters as food handling, safety in the home, spread of infection, etc.

In connection with the prevention of accidents in the home one Divisional Medical Officer prepared and circulated a pamphlet among Voluntary Committees dealing with the aged and the encouragement given by him resulted in the setting up recently of a Voluntary Home Safety Council.

HOME HELPS.

(a) Administration of the Scheme.

The principal features of the County Council's scheme for the provision of home helps remains as in previous years.

(b) Establishment.

The establishment of equivalent full-time home helps for the County for the financial year ended the 31st March, 1955, was 485. The average number of equivalent full-time home helps employed weekly throughout the calendar year was 496.4, an increase of 33.9 over the previous year.

(c) Supervision.

During the year the Divisional Supervisors paid 5,132 first visits, 12,849 revisits and 2,122 miscellaneous visits, a total of 19,103 as compared with 21,494 during the previous year. Steps are being taken with a view to increasing the number of visits.

(d) The Scope of the Scheme.

The total number of cases helped during 1954 was 6,879, an increase of 426, or 6 per cent. over 1953. The number of chronic sick (including the aged and infirm) and the number of maternity cases increased by 419 and 66 respectively, while the number of cases of tuberculosis and the number of acute cases decreased by 36 and 33 respectively.

Table 1 shows for the County the number of cases in each of the four categories helped during 1954; the total number of hours service given to all cases and to the cases in each of the four categories; the average total hours of service per case; the average hours of service per case per week; *the duration of service per case in weeks; and the average number of cases helped per week.

Table 2 shows divisionally and for the County as a whole the average number of equivalent whole-time home helps employed weekly throughout the year; the number of cases helped in each of the four categories; and the percentage of home helps' time spent on (a) service to patients; (b) travelling; (c) sickness; and (d) holidays.

From this table it will be seen that the amount of time given to the actual service of patients throughout the County has remained stable, as has the time spent in sick leave and holidays, although in some Divisions figures for sick leave and travelling times seem rather high. Obviously sick leave is not controllable, but it may be possible to effect a reduction in travelling time and this is being looked into; it must, however, be admitted that, if the home help service is to be made available to patients living in areas where it is difficult to recruit suitable home helps, then an appreciable amount of travelling will be necessary.

Table 3 shows divisionally and for the County as a whole the average *weekly* number of cases helped; the average hours of service per case per week; *and average duration of service per case in weeks.

It will be seen that the tendency is for chronic cases and tuberculous cases to be of longer duration than previously, although they now receive a somewhat smaller number of hours service each week. There is also a reduction in the average hours of service given which indicates that home helps are serving a greater number of cases of all types without a corresponding rise in the number of helps employed.

While it would not be wise to fix a definite optimum average weekly number of hours service for each category of case, there is clearly some uniformity about the figures given for each of the Divisions especially in regard to the chronic cases, and it may be that somewhere about 7 hours per week would be a reasonable amount of service for this type of case. This aspect of the scheme is being closely considered especially in those Divisions where considerable deviation from the general level is shown.

* "Duration in weeks" means the number of weeks over which the appropriate weekly service extends.

Table 1.

Type of case.	Number of cases helped during 1954.	Hours of service given during 1954.	Average total hours of service per case.	Average No. of hours service per case per week.	Average duration of service per case in weeks.	Average No. of cases being helped per week.
Maternity	1,468 (21.3%)	107,682 (11%)	73	28	2.6	75 (3.4%)
Acute... ..	1,880 (27.3%)	111,155 (11.3%)	59	12	5.0	181 (8.2%)
Chronic	3,296 (48%)	693,680 (71.0%)	210	7	29.2	1,843 (83.2%)
Tuberculosis... ..	235 (3.4%)	65,894 (6.7%)	280	11	25.5	115 (5.2%)
Total	6,879 (100%)	978,411 (100%)	142	8.5	16.7	2,214 (100%)

Table 2.

Division.	Population mid-1954.	Aereage.	Average equivalent F/T Helps employed weekly during 1954.	Total number of cases helped during the year.				Percentage of Home Help's time spent on				
				Maternity.	Acute.	Chronic.	T. B.	Total.	Service to patients.	Travelling.	Sickness.	Holidays.
North-Western	...	200,380	54.5	197	131	252	33	613	89.9	2.1	3.0	5.0
Central	...	213,140	64.0	192	293	563	39	1,087	84.3	6.8	4.2	4.7
North-Central	...	200,860	64.5	245	221	498	17	981	82.4	6.4	6.1	5.1
Southern	...	129,840	22.4	150	97	122	15	384	89.1	4.8	2.6	3.5
South-Eastern	...	103,330	33.7	181	485	178	20	864	88.1	2.4	4.3	5.2
Northern	...	82,650	39.3	69	68	262	17	416	83.5	5.1	6.5	4.9
South-Western	...	163,300	46.0	203	313	205	6	727	87.9	4.6	3.4	4.1
North-Eastern	...	197,470	141.7	145	133	1,033	63	1,374	85.9	5.1	4.3	4.7
Mid-Eastern	...	94,230	30.3	86	139	183	25	433	88.4	2.9	4.4	4.3
County, 1954	...	449,161	496.4	1,468 22%	1,880 27%	3,296 48%	235 3%	6,879 100%	86.1	4.8	4.4	4.7
County, 1953	...	449,161	462.5	1,402 22%	1,903 29%	2,877 45%	271 4%	6,453 100%	86.2	4.2	4.4	5.2

Table 3.

Division.		Average weekly number of cases helped.						Average service per case.										
		Maternity.	Acute.	Chronic.	T.B.	Total.	Per equivalent F/T Home Help employed.	Per 10,000 population.	Maternity.		Acute.		Chronic.		T.B.		Total.	
									Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.	Hours per week.	Duration in weeks.
North-Western	...	11	12	125	21	169	3.0	8.4	28	3.0	19	4.8	10	25.2	19	32.5	13	14.0
Central	...	12	18	307	12	349	5.4	16.4	21	3.2	11	3.2	6	28.5	7	16.5	7	16.3
North-Central	...	10	18	281	9	318	5.0	15.8	30	2.1	13	4.1	6	30.1	8	26.6	7	17.7
Southern	...	9	7	55	6	77	3.5	5.9	27	3.0	21	3.6	8	22.4	14	20.0	11	10.8
South-Eastern	...	9	39	90	10	148	4.4	14.3	30	2.6	10	4.4	6	25.6	11	24.4	9	8.7
Northern	...	4	8	155	7	174	4.5	21.0	24	2.6	7	5.4	8	31.1	9	19.0	8	22.6
South-Western	...	10	45	106	4	165	3.6	10.1	32	2.4	12	7.3	8	28.5	14	29.1	11	11.6
North-Eastern	...	6	13	628	35	682	4.8	34.5	29	2.3	11	5.3	7	33.7	9	30.1	8	25.3
Mid-Eastern	...	4	21	96	11	132	4.4	14.0	28	2.6	10	7.9	8	26.5	10	21.3	9	15.8
County, 1954	...	75 3.4%	181 8.2%	1,843 83.2%	115 5.2%	2,214 100%	4.5	15.9	28	2.6	12	5.0	7	29.2	11	25.5	8.5	16.7
County, 1953	...	70 3.7%	191 10.2%	1,484 79.6%	121 6.5%	1,866 100%	4.0	13.6	29	2.6	12	5.2	8	26.9	12	23.3	9	15.0

MENTAL HEALTH SERVICES.

(1) Administration.

(a) RESPONSIBLE COMMITTEE.

The Mental Health Sub-Committee is responsible for dealing with all matters relating to Mental Health Services in the County. This Sub-Committee is comprised of fourteen members of the County Health Committee and the Chairman and Vice-Chairman of that Committee (ex officio). During 1954 the Sub-Committee met on seven occasions.

(b) STAFFING.

The staffing arrangement remains the same as described in my Annual Report for 1952.

There are seven Occupation and Training Centres in the County. Each Centre is in charge of a Supervisor qualified by Diploma and is staffed according to the number of defectives on the register. The number of defectives on the Centre registers increased from 279 to 307.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARD.

Close co-ordination with the Hospital Services is maintained. There is still a shortage of institutional accommodation for mental defectives and the numbers on the waiting list have increased. No real difficulty is, however, found in placing really urgent cases.

The visiting of persons discharged from Mental Hospitals who require after-care is mainly done by Psychiatric Social Workers on the staffs of the Mental Hospitals and only rarely are the Authorised Officers and Health Visitors called upon to do this work.

There are now nineteen Psychiatric out-patient clinics and mental deficiency clinics in the County under arrangements made by the Regional Hospital Board.

(2) Account of Work Undertaken in the Community.

(a) CARE AND AFTER-CARE.

The domiciliary visitation of the mentally ill and defective in the community rests with the Authorised Officers and Health Visitors. During the year 1,700 visits were made by Duly Authorised Officers and 3,272 visits by Health Visitors. Short term recuperative holidays for patients suffering from mental illness are arranged in suitable cases.

Since July, 1948, 71 persons have been referred to this Authority for after-care, etc., visitation, principally by voluntary associations, and in respect of discharged ex-Service personnel per Ministry of Health Circular 146/48. The subsequent disposition of the cases has been as follows:—

Number Referred.	Admitted to Mental Hospitals.	Eventually obtained employment, further visits not necessary.	Initial visits necessary only.	Visits Resented.	Already known as Defectives.	Died.	Left area.	Outstanding.
MALES. 57	2	20	6	8	4	1	11	5
FEMALES. 14	2	1	5	2	—	2	2	—

Where visitation has ceased the persons concerned are aware to whom they may apply for advice and guidance if such is subsequently needed. Seven of the above cases were referred during the year 1954.¹

The problem of providing preventive and after-care measures in relation to mental health is at the same time one of the most important and one of the most difficult which a local authority has to face. The difficulties arise from the wide prevalence of mental ill-health throughout the community and from the varying extent and character of the departures from normal mental health. This vast range of actual and potential departures from the mental norm makes it desirable to examine very carefully the machinery which it is possible or desirable to deploy in order to meet these problems. It is neither practicable or desirable to provide a complete cover of specialist workers and it becomes increasingly evident that the ordinary workers in the field of health, such as the health visitor, mid-wife and domiciliary nurse, should have a sound knowledge of the principles of mental health.

The development of recent views as to the origin (in infancy and early childhood) of most cases of serious mental aberration lends increasing importance to the part to be played in future by the health visitor and the clinic medical officer in the prevention of mental ill-health. Attention is now being given to methods of improving the training in mental health of workers in child welfare centres in order that they may be equipped to advise on minor departures and to recognise the more serious conditions which required specialist treatment.

Psychological difficulties and aberrations coming to notice during school life are dealt with by the existing child guidance centres, which have been developed to a high level of efficiency. The work is carried out from 6 centres and the equivalent of 4 psychiatrists and 6.6 psychiatric social workers is employed.

Mental ill-health in later life presents greater difficulties. The nature of the disorder is such that continuity of treatment and after-care is of even greater importance than in the case of physical disease, and it is, no doubt, for this reason that the mental hospitals prefer themselves to employ psychiatric social workers for after-care and following-up of their patients. The result of the division of responsibility for treatment at mental hospitals and psychiatric out-patient clinics on the one hand and domiciliary care and after-care on the other also causes complications since in developing the domiciliary services it is essential to avoid duplication with the hospital services. Moreover, in order that mental health personnel may be employed to the best advantage, it is important to assess carefully the after-care needs of each ex-mental hospital patient individually. There is a serious danger of dissipating resources by following-up cases which do not require after-care and where no good is being accomplished in doing so. It must be remembered also that the primary duty of a local health authority is preventive and that the foundations of much mental ill-health is laid in the early years of life: thus, on the whole it appears that the most profitable use of the local health authority's available resources lies in concentrating on dealing with mental disorder at its early beginnings as previously indicated.

(b) LUNACY AND MENTAL TREATMENT.

The following table gives statistics of the cases dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts during 1954. The total number of cases reported to officers from all sources was 2,945.

No Lunacy Action after enquiry or referred to other Departments, etc.		Cases examined and dismissed by Justices.		3 Day Order, Sec. 20, L. Act.		14 Day Order, Sec. 21, L. Act.		Voluntary patient, Sec. 1, M.T. Act.		Temporary patient, Sec. 5, M.T. Act.		Urgency Orders, Sec. 17, M.T. Act.		Certified by Justices, Sec. 16, L. Act.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
230	380	98	71	181	301	3	6	170	295	32	40	133	193	250	562

In addition, 1,061 voluntary patients were admitted direct from their homes without the assistance of an Authorised Officer, having previously passed through the psychiatric clinics.

Surrey patients are admitted to the following Mental Hospitals: Brookwood, Netherne, Banstead, West Park and Horton, according to the part of the County in which they live.

Observation Wards.

Beds in Observation Wards are available at Kingston Hospital (6 male) and St. Helier Hospital (10 female).

(c) MENTAL DEFICIENCY.

Notifications of alleged defectives are received from various sources, viz., Duly Authorised Officers, Health Visitors, Medical Practitioners, hospitals and relatives, but the majority are reported by the Education Authority in accordance with Section 57 of the Education Act, 1944. The arrangements for supervision by Duly Authorised Officers and Health Visitors have operated successfully.

Arrangements for admitting defectives to institutions or placing them under guardianship have proceeded satisfactorily. Some hospitals have been most helpful in providing accommodation temporarily to alleviate domestic crises. During the year 58 cases were dealt with in this way.

During 1954, 21 petitions were presented for Orders sending defectives to institutions or placing them under guardianship and Orders were obtained in all these cases. In addition, 53 cases were admitted to institutions under Section 3 of the Mental Deficiency Act, the parents or guardians being advised by the Council of the procedure under this section. Eight cases were admitted to institutions on the authority of Orders made by Courts under Section 8 of the Act.

The number of defectives on the waiting list for admission to institutions was 113 on the 31st December, 1953, and 142 at the end of 1954.

Surrey patients are still being received mainly at The Manor Hospital, Epsom, The Royal Earlswood Institution, Redhill, The Fountain Hospital, Tooting, and Botleys Park Hospital, Chertsey.

The following table gives particulars of defectives on the Council's register on 31st December, 1954, and of all new cases coming to the notice of the Council. In addition, it shows how these cases were dealt with :—

A. *Particulars of Cases Reported During 1954.*

								Under age 16.		Aged 16 and over.				
								M.	F.	M.	F.			
(a)	Cases ascertained to be defectives " subject to be dealt with." Action taken on reports by :—													
	(i) Local Education Authorities on children :—													
	(1)	While at school or liable to attend school	...	...	...	...	...	41	21	—	—
	(2)	On leaving special schools...	...	...	...	...	...	2	2	6	10
	(3)	On leaving ordinary schools	...	...	...	...	...	10	5	—	—
	(ii)	Police or Courts...	...	...	...	...	...	—	—	2	—
	(iii)	Other sources	...	...	...	...	...	3	7	6	6
(b)	Cases reported but <i>not</i> regarded as defectives " subject to be dealt with " on any ground								9	8	16	18		
Total number of cases reported during the year								65	43	30	34

B. *Disposal of Cases Reported During 1954.*

(a)	Of the cases ascertained to be defectives "subject to be dealt with" number :—										
	(i)	Placed under Statutory Supervision	...	...	...	...	...	45	29	8	11
	(ii)	Placed under Guardianship	...	...	...	...	...	—	—	—	—
	(iii)	Taken to "Places of Safety"	...	...	...	...	...	—	—	—	1
	(iv)	Admitted to Hospitals	...	...	...	...	...	9	6	6	4
	(v)	Action not yet taken	...	...	...	...	...	2	—	—	—
(b)	Of the cases not ascertained to be defectives "subject to be dealt with" number :—										
	(i)	Placed under Voluntary Supervision	...	...	...	...	...	7	6	10	14
	(ii)	Action unnecessary	...	...	...	...	...	2	2	6	4
Total								65	43	30	34

C. *Total Number of Cases on Register as at 31st December, 1954.*

(a)	Of the cases ascertained to be defectives "subject to be dealt with" number :—										
	(i)	Under Statutory Supervision	...	...	...	...	...	211	172	222	181
	(ii)	Under Guardianship	...	...	...	...	...	—	1	13	23
	(iii)	In "Places of Safety"	...	...	...	...	...	—	—	—	1
	(iv)	In Hospitals	...	...	...	...	...	197	134	713	683
	(v)	Action not yet taken	...	...	...	...	...	2	—	—	—
(b)	Of the cases not ascertained to be defectives "subject to be dealt with" number :—										
	(i)	Under Voluntary Supervision	...	...	...	...	...	13	11	147	202
Total								423	318	1,095	1,090

D. *Total Number of Defectives on Waiting List for Institutional Care at 31st December, 1954.*

(a)	In urgent need of hospital care :—										
	(i)	"Cot and chair" cases	...	...	...	...	...	—	1	—	—
	(ii)	Ambulant low grade cases	...	...	...	...	...	1	2	—	—
	(iii)	Medium grade cases	...	...	...	...	...	—	2	—	1
	(iv)	High grade cases	...	...	...	...	...	—	—	—	2
(b)	Not in urgent need of hospital care :—										
	(i)	"Cot and chair" cases	...	...	...	...	...	17	14	—	1
	(ii)	Ambulant low grade cases	...	...	...	...	...	19	19	7	11
	(iii)	Medium grade cases	...	...	...	...	...	12	9	3	17
	(iv)	High grade cases	...	...	...	...	...	—	—	1	2
Total								49	47	11	34

E. *Of the Cases included in (C) Number Considered Suitable for Occupation and Training Centres.*

Under age 16.		Aged 16 and over.	
M.	F.	M.	F.
142	105	45	69

F. *Number of Defectives Actually Receiving Training on 31st December, 1954.*

119	85	42	61
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G. *Number of Mental Defectives who were in Institutions, under Community Care or in "Places of Safety" on 1st January, 1954, who Ceased to be under any of these Forms of Care During 1954.*

										M.	F.	T.
(a)	Ceased to be under care	...	...	...	...	...	...	...	...	17	22	39
(b)	Died, removed from area, or lost sight of	...	...	...	...	...	...	...	...	36	38	74
	Total	...	...	...	...	...	...	...	...	53	60	113

H. *Of the Total Number of Mental Defectives Known to Local Health Authority.*

(a)	Number who gave birth to children while unmarried during 1954	...	...	...	...	...	...	2
							M.	F.
(b)	Number who married during 1954	...	...	...	...	...	3	3

J. *During 1954, Five Cases were Referred Back to the Local Education Authority as being Educable. They were dealt with as follow:—*

- (a) Boy (aged 8) now having private tuition at home.
- (b) Boy (aged 7) admitted to residential special school (E.S.N.).
- (c) Girl (aged 9) now attending day special school for physically handicapped pupils.
- (d) Boy (aged 10) admitted to residential special school (E.S.N.).
- (e) Girl (aged 5) is in County Council Children's Home awaiting vacancy in residential special school for physically handicapped pupils.

(3) **Occupation and Training Centres.**

The Council now have seven Occupation and Training Centres at the following addresses:—

Purley	...	...	...	Railwaymen's Hall, Whytecliffe Road, Purley.
Kingston	...	...	...	Methodist Church Hall, Victoria Road, Kingston.
Wimbledon	...	...	...	Trinity Hall, The Broadway, Wimbledon, S.W.19.
Sutton	...	...	...	3, Robin Hood Lane, Sutton.
Guildford	...	...	...	St. Francis' Hall, Foxburrows Avenue, Guildford.
Weybridge	...	...	...	Mayfield Hall, Mayfield Road, Weybridge.
Ewell	...	...	...	Old Schools Lane, Ewell.

Through the kind co-operation of the Medical Superintendent of The Royal Earlswood Institution up to 12 defectives from the Horley, Reigate and Dorking area are enabled to attend daily for occupation and training at the Institution. Transport is provided by the County Council.

Inspectors from the Board of Control visited each of the Surrey Centres during the year and their reports on the whole were satisfactory.

Investigation was made of the need for a Centre in the Southern Division of the County and as a result the Committee decided to open a small Centre in Reigate or Redhill when suitable premises have been found. This Centre will, of course, include the patients who are at present attending daily at the Royal Earlswood Institution.

WELFARE SERVICES.

The County Medical Officer continues to be responsible to the County Welfare Committee for the health and medical aspects of the services which they provide, and, in particular, for the services provided under Section 29 (welfare arrangements for the blind, deaf, dumb and crippled persons, etc.), and Section 30 (voluntary organisations for disabled persons' welfare) of the National Assistance Act.

(a) Blind Welfare.

(i) REGISTRATION OF THE BLIND.

The number of blind persons whose names were on the Register at the end of 1954 was 2,457 compared with 2,345 as at the end of 1953.

The following figures of new cases registered in the year and of persons in each age group on the Register were compiled for statistical purposes on the 31st December, 1954.

Age Group.	NEW CASES REGISTERED DURING YEAR.			TOTAL REGISTERED BLIND PERSONS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1	—	—	—	—	—	—
1... ..	2	—	2	1	—	1
2... ..	—	2	2	1	—	1
3... ..	—	—	—	1	3	4
4... ..	—	—	—	2	2	4
5—10	—	1	1	19	14	33
11—15	—	—	—	5	9	14
16—20	1	—	1	13	10	23
21—30	2	1	3	44	33	77
31—39	1	2	3	58	42	100
40—49	4	11	15	115	95	210
50—59	6	9	15	135	133	268
60—64	10	11	21	70	104	174
65—69	5	20	25	93	130	223
70 and over	61	147	208	427	898	1,325
Unknown	—	—	—	—	—	—
	92	204	296	984	1,473	2,457

In addition to the Register of Blind Persons, a Register of Partially Sighted Persons is maintained and these number 296 as compared with 236 at the end of 1953 (89 were registered during the year). These persons are visited periodically by the Home Teachers and, when necessary, arrangements for their training and subsequent employment are made in co-operation with the Ministry of Labour and Royal National Institute for the Blind.

Before the name of any person is included on the Blind or Partially Sighted Register, medical certificate Form BD 8 must be completed by an Ophthalmologist. During the year 441 forms were received and the following table is a summary of the number of cases in which forms show that treatment—medical, surgical or optical—is required.

(A) Follow-up of Registered Blind and Partially Sighted Persons.

(I) Number of cases registered during the year in respect of which the Form BD8 recommends :—	Cause of Disability			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
(a) No treatment	38	22	1	127
(b) Treatment (Medical, Surgical or Optical)	39	21	—	48
(II) Number of cases at (I) (b) above which on follow-up action have received treatment	24	16	—	35

(B) Ophthalmia Neonatorum.

(I) Total number of cases notified during the year... ..	10
(II) Number of cases in which :—	
(a) Vision lost.	—
(b) Vision impaired.	—
(c) Treatment continuing at end of year.	—

Cataract continues to be one of the commonest causes of blindness in old people and, in many cases, is remediable by operation, but a number of difficulties often arise in connection with treatment. Owing to advanced age or ill-health, operation is frequently inadvisable on general grounds. Many old people also fear an operation and prefer to remain as they are rather than to face one. This particularly applies to the considerable number who have a degree of residual sight. It is an unfortunate financial complication of a successful operation which results in removal from the Blind Register that a patient may be deprived of pension allowance and National Assistance at the special rate without in most cases any increase in earning power.

(ii) HOME TEACHERS FOR THE BLIND.

There have been no staff changes during the year, there still being ten certificated Home Teachers for the Blind whose duties include visiting the blind persons in their homes, tuition in reading and writing embossed type, handicrafts, and assisting them to overcome the handicap of blindness. Seven Home Teachers hold handicraft classes weekly or fortnightly and all arrange for those who desire social activities to become members of Clubs for the Blind which are organised by local voluntary committees in Epsom, Farnham, Guildford, Kingston, Mitcham, Redhill, Richmond, Surbiton, Sutton and Wimbledon. There are two Evening Clubs—one at Surbiton and one at Wimbledon—which provide a meeting place and entertainment for blind persons who go to work and are thus prevented from attending the afternoon clubs.

(iii) TRAINING, EMPLOYMENT AND UNEMPLOYMENT.

The County Council provide for the care of blind pre-school children under Section 22 of the National Health Service Act, and for the special educational treatment of blind school children under Section 33 of the Education Act, 1944. Of the 10 children under school age 3 are maintained in Sunshine Homes by the County Council and, of the 47 blind children of school age in the County 23 attend Schools for the Blind, 6 are not at school and 18 are ineducable on account of other defects, 2 being in Mental Hospitals, 9 in Mental Deficiency Institutions, and 7 are at home.

Employment.

During the year the Placement Service in connection with the employment of Blind Persons in open industry has developed and details are given below of the action taken in connection with blind and certain partially sighted persons between the ages of 16 and 59 years. The placements are the result of co-operation between the County Council, the Royal National Institute for the Blind (to whom the County Council pays a capitation fee) and the Ministry of Labour.

Placement.

The number of placements made in Surrey during the year 1st January, 1954, to 31st December, 1954, was 23. In addition, there were 13 replacements, making a total of 36. Blind persons interviewed for the first time numbered 30. Those considered suitable for unsheltered employment were 17 and in his search for employment the Placement Officer of the Royal National Institute for the Blind paid 303 visits to firms. There were also 204 follow-up and service calls on blind persons, and 98 visits to offices of the Ministry of Labour and National Service.

During the year 7 persons were trained at the Engineering Training Centre at Letchworth and 7 persons at the Royal National Institute for the Blind Commercial College at Pembroke Place. Of the latter one person was trained for Shorthand Typing, one for Recorder Typing and 5 for Telephony. One person was in training at the end of the year, 10 blind persons took the Course of Industrial Rehabilitation at Torquay—the cost of which was borne by the Ministry of Labour.

There are at present 16 blind persons employed in Workshops for the Blind, 58 engaged in work under the Home Workers' Scheme and 238 persons employed in a variety of "open" trades and professions—19 of these being Physiotherapists. The County Council continues to supplement the weekly earnings of blind persons employed in Workshops for the Blind and under the Home Workers' Scheme and to pay capitation fees to the Workshop Management Committees as well as the Royal National Institute for the Blind in respect of the supervision of Home Workers, Physiotherapists and, as mentioned previously, for the Placement Service.

(iv) SURREY VOLUNTARY ASSOCIATION FOR THE BLIND.

Co-operation between the County Council and the Surrey Voluntary Association for the Blind continues, the Honorary Secretary of the Association being in charge of the Blind Welfare Section of the County Health Department.

During the year the Association has continued its policy of assisting blind persons by way of miscellaneous grants having expended £845 on holiday grants, £500 on grant for miscellaneous purposes, £514 on the maintenance of wireless sets and £1,062 on materials for handicraft purposes. A considerable part of the latter sum is recovered by the sale of the articles made by the blind at Sales of Works, but it is gratifying to realise that this heavy expenditure represents an increase in the work being done by the blind people. Charity Pensions payable to certain blind persons are administered by the Association and financial assistance is accorded to certain Local Committees who organise the Social activities and Summer Outings. The two Hostels ("Camden House," East Molesey, and "Walden" at Surbiton) continue to provide accommodation for blind persons who are able-bodied and reluctant to enter Blind Residential Homes and Part (iii) accommodation and during the past year several newly married blind persons have taken up residence in the Hostels where they appear to be very happy. Several of these couples go out to work and are very appreciative of the services provided at the Hostels which they would not be able to enjoy in privately owned flatlets.

(b) **Other Handicapped Persons.**

While the Minister has made it a duty for local authorities to exercise their powers under Section 29 in respect of blind persons, he has not so decided in respect of the deaf and dumb and other handicapped groups.

The County Council has not formulated a scheme in respect of these other groups, but it has recently increased its grants to various voluntary bodies which have for a number of years carried out social welfare work amongst them.

NURSING HOMES (PUBLIC HEALTH ACT, 1936).

During the year the Committee approved the registration, or alteration in registration, of eight nursing homes. Two were homes first registered during the year. On the 31st December, 1954, there remained 65 registered nursing homes and 12 exempted homes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The County Council as local health authority are responsible for the registration and supervision of certain nurseries and of persons who for reward receive children into their houses to look after them. At the end of the year 1954 the following number of premises and of persons had been registered :—

	Number registered at 31.12.1954.	Number of children provided for.
Premises	23	517
Daily Minders	88	880

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The following applications from Local Authorities for the Council's recommendation to the Ministry of Health under Section 2 (2) of the Act were received during 1954 and reported to the Rivers and Streams Committee, who in each case advised the Council to give the recommendation asked for :—

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i> £
Dorking and Horley R.D.C.	Sewerage—Abinger Hammer, Capel, Charlwood and Horley	89,819
Guildford R.D.C.	Sewerage—Ash and Tongham ...	41,265
„ „	„ —Ash Vale... ..	130,480
„ „	„ —Tillingbourne Valley ...	197,760 (in lieu of £164,755 submitted in 1948)
Hambleton R.D.C.	„ —Ewhurst	45,544
„ „	„ —Alford	8,896
„ „	„ —Milford and Witley ...	50,000 (in lieu of £20,500 sub- mitted in 1951 for part of scheme)

The Council informed the District Councils concerned that they had no observations to offer on the following schemes :—

<i>Authority.</i>	<i>Scheme.</i>	<i>Estimated Cost.</i> £
Chertsey U.D.C.	Sewerage—Lyne	20,100
Hambleton R.D.C.	„ —Elstead	59,700

REFUSE DISPOSAL.

No new applications for the depositing of refuse under Section 94 of the Surrey County Council Act, 1931, were received during the year, but seven renewals were granted. The total number of approved refuse dumps in the County is eleven, and all are conducted satisfactorily. In two cases the depositing of refuse ceased.

MILK AND DAIRIES.

(a) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Under these regulations the County Council are responsible for the licensing and supervision of the pasteurisation or sterilisation of milk in those districts of the County for which they are the Food and Drugs Authority. The total number of pasteuriser's licences in force on 31st December, 1953, was sixteen.

During the year 1954 three new pasteuriser's licences were granted and two licensees ceased pasteurising milk. Two establishments passed over to the control of the Richmond Borough Council, as the Council of this Borough became a Food and Drugs Authority with effect from the 1st April, 1954. The total number of pasteuriser's licences in force on the 31st December, 1954, was, therefore, fifteen.

No licences in respect of sterilised milk have been granted or renewed.

Sanitary Inspectors of the Councils of County Districts within the area for which the County Council are the Food and Drugs Authority have continued to give valuable co-operation by acting as agents for the County Council, both in carrying out investigations prior to granting a new licence and in taking milk samples, and also in making routine inspections of premises for which licences are held.

The following gives details of the routine sampling of pasteurised milk :—

					<i>Pasteurised.</i>	<i>Tuberculin-Tested (Pasteurised).</i>
No. of Milk Samples taken	...	...	...	...	599	150
Failed Phosphatase test only	...	...	...	...	15	5
Failed Methylene Blue test only	...	...	...	...	18	2
Failed both tests	...	...	...	...	1	—

(b) Tubercle Infected Milk.

During the year eight reports of samples of milk, which on biological examination had been found to be infected with the tubercle bacillus, were received ; this is three less than the previous year. (Two of these were referred from the London County Council as the milk had been produced in Surrey, but in one case notification of infection was also reported by the District Council.)

Every District Council in Surrey submits to a biological test for tubercle bacilli each year at least four samples from each source of production in their respective districts and not heat-treated before sale to the public.

The number of samples taken by the District Councils during 1954 are summarised below with the results :—

<i>Description of Milk.</i>	<i>Number of Samples Examined.</i>	<i>Number Positive to Tubercle Bacilli.</i>	<i>Percentage Positive to Tubercle Bacilli.</i>
Tuberculin Tested	524	—	—
Accredited	37	1	2.70
Undesignated	198	6	3.03
Heat Treated—			
Pasteurised	9	—	—
Other	—	—	—

(c) “ Specified Areas.”

As was foreshadowed in my report for 1953 the whole of the Administrative County became a “ Specified Area ” for the purpose of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953, on the 1st October, 1954. Thereafter it became necessary in Surrey for all sales of milk by retail for human consumption and eating sales to be of a special designation, i.e., pasteurised, sterilised or tuberculin tested.

On and after the above-mentioned date “ accredited ” ceased to be an approved special designation for the purposes of the Regulations and dairymen retailing accredited milk in specified areas or supplying caterers with accredited milk in such areas which had previously been permitted were required instead to sell or supply pasteurised, sterilised or tuberculin tested milk.

On and after the 1st October, 1954, it also became necessary for every container (whether churn, can or bottle) in which pasteurised milk is transported, exposed or offered for sale to be fitted with a cap or cover overlapping the lip of the container or closed or fastened in some other suitable manner approved by the licensing authority. The effect of this is that pasteurisers must now put the milk into the containers in which it is to be delivered to the customer (whether householder, eater or

other consumer) as soon as possible after pasteurising. Retailers will no longer be allowed to buy pasteurised milk in bulk and bottle it themselves for their customers, but must in future purchase from their suppliers pre-packed pasteurised milk in bottles, cans or churns sealed by the pasteuriser and containing the quantity of pasteurised milk required by their customers.

FOOD AND DRUGS ACTS, 1938-50.

I am indebted to the Chief Officer of the Public Control Department for the following report on the work of this department in respect of the above Acts.

At the commencement of the period under review, the County Council was the Food and Drugs Authority for nineteen of the thirty-three County Districts in the Administrative County, but as from 1st April, 1954, three of these districts (the Boroughs of Richmond and Epsom & Ewell and the Urban District of Woking) became, as the result of the census, effective autonomous authorities.

The following table gives particulars of samples taken within the Council's Food and Drugs Area in 1954 for examination by the Public Analyst, or for misdescription or irregularities with regard to labelling. Comparative figures for 1953 and 1952 are also given :—

Year.	Estimated population.	Milk.				Food other than Milk.		Drugs.		Totals.			
		Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Examined.	Adulterated or Irregular.	Samples per 1,000 population.	Percentage Adulterated or Irregular.
1954	447,880*	1,206	53	2.49*	4.39	276	22	22	3	1,504	78	2.88*	5.18
1953	606,760	1,294	59	2.13	4.56	335	19	43	8	1,672	86	2.76	5.32
1952	599,830	1,264	100	2.10	7.91	320	32	43	9	1,627	141	2.71	8.66

* Allowing for the reduction in the Council's Food and Drugs Area from 1st April, 1954.

In classifying the samples as either genuine or adulterated or irregular, the Public Analyst has taken into consideration all relevant Regulations and Orders made under the Defence Regulations as well as under the Food and Drugs Acts, 1938-50.

The results of sampling are much the same as in the preceding year ; altogether 81 varieties of food and 15 different drugs were sampled. It was considered necessary to institute proceedings in only one case : this related to 3 samples of milk containing added water sold by a dairy farmer to a retailer from whom a sample of milk similarly adulterated had previously been procured. Appropriate administrative action was taken in each case when necessary where a sample showed an irregularity.

Only one new food standard was prescribed during the year ; it was for margarine, following the de-rationing of that article and butter. As from 16th May, 1954, all margarine on sale by retail was required to contain both Vitamin A and Vitamin D within prescribed ranges. The Vitamin A content was roughly equivalent to that of butter and the Vitamin D content remained much the same as under control previously. As no Public Analysts have the means of determining the amount of Vitamin D in a food product, the Ministry of Food agreed with the manufacturers that the vitamins should be added to margarine in the form of a master mix in fixed ratio.

Three examples of unsound food were brought to notice during the year and, as usual in such cases, the Chief Sanitary Inspector of the county district concerned was advised.

THE SCHOOL HEALTH SERVICE.

AREA AND POPULATION.

The Council is the Local Education Authority for primary, secondary and further education for the whole of the Administrative County.

The estimated population of the Administrative County at mid year 1954 was 1,385,200 which includes 201,700 children between the ages of 5-14 years inclusive. In January, 1955 there were 171,150 children on the registers of 647 county and voluntary schools, an increase of 5,586 in the number of children on the school registers compared with January, 1954.

MEDICAL INSPECTION.

(a) MAINTAINED SCHOOLS.

Arrangements for the medical inspection of children in maintained schools remain unchanged.

The number of children examined in primary and secondary schools was 71,470 and 42,430 parents were present at these routine inspections. Further details of periodic and other medical inspections carried out during the year at maintained schools are shown in Table 1.

(b) INDEPENDENT SCHOOLS.

Medical inspection and treatment and dental inspection of children attending independent schools is made available on application by the principal and subject to the school itself being considered efficient.

AUDIOMETRY.

The routine testing of hearing by gramophone audiometer continued during the year and children aged 7 to 11 years in the north central, northern and north west divisions were tested. The findings are given below.

An extension of this service, which has proved of great benefit, is contemplated next year when it is proposed that all children aged 8 and 11 years in county schools will be tested and, if necessary, investigated for loss of hearing or other otological conditions.

	Division.			Total
	N.C.	N.	N.W.	
(1) No. of children tested	4,271	3,715	10,138	18,124
(2) No. of children who failed test in one or both ears and referred to A.M.O.'s... ..	242 (5.7%)	216 (5.8%)	402 (4.0%)	860 (4.7%)
(3) Result of investigations by Assistant Medical Officers :—				
(a) No appreciable hearing loss on clinical examination ...	35	51	53	139
(b) History of otitis media	25	37	34	96
(c) Wax in external auditory meatus	45	45	30	120
(d) Catarrhal conditions, etc.	46	41	50	137
(e) No local cause found for deafness	31	5	16	52
(f) Unhealthy tonsils	18	9	8	35
(g) Mental retardation	—	11	9	20
(h) Miscellaneous causes	41	1	7	49
(i) Untraced or left district	1	5	4	10
(j) Referred to general practitioners or still awaiting appointments	—	10	190	200
(k) Already supplied with hearing aids	—	1	1	2
	242	216	402	860
(4) Children referred to specialists for investigation and treatment	27	36	3	66
(5) Special educational treatment recommended in selected cases :—				
(a) Favourable position in class	1	8	—	9
(b) Hearing aid provided	—	—	—	—
(c) Lip reading instruction	—	—	—	—

DISEASES AND DEFECTS.

(a) Incidence.

Of the 71,470 pupils examined at periodic medical inspections 9,785 (or 13.7 per cent.) were found to be in need of treatment for 11,038 diseases and defects. Table II shows these diseases and defects from which it will be seen that 45.6 per cent. of them were defects of the nose and throat and of vision and squint. During the year 872 cases of chronic tonsilitis and adenoids were recommended for treatment and 4,308 placed under observation following the medical inspection of the four age groups during 1954.

(b) Medical re-examination and following-up.

During 1954 school medical officers carried out 16,363 special inspections and 20,119 re-inspections of children while 14,287 visits were paid by health visitors to the homes of the children for all purposes. An analysis of these is given on page 67.

There were 21,746 defects found to be in need of treatment in the course of periodic and special inspections in 1954, and 22,664 defects a proportion of which were found in previous years, were actually treated during the year.

(c) Malnutrition.

The Ministry of Education recognises three categories relating to the general condition of a child, viz. : A—good, B—fair, C—poor. Where the general condition is shown as A, it is considered to be better than normal, where shown as B, normal or “fair,” and C, as being below normal or “poor.”

The number and percentage of children placed in each of these three categories for each age group examined during 1954 are given in table IIB.

(d) Examination and cleansing of infested pupils.

The health visitors inspect all children in schools at the beginning of each term for cleanliness and encourage and help mothers to deal with verminous conditions in their own homes. When a child is found to have pediculosis capitis the parent is supplied with a parasitocidal hair emulsion and a fine toothed steel comb with instructions as to their correct use. As pediculosis infestation can now be quickly brought under control the health visitor may use her discretion in very slight degrees of infestation as to whether she excludes the child from school, but apart from this verminous children must be excluded. Each case is followed up by the health visitor and when the pediculosis proves persistent arrangements are made for the child to be cleansed by the health visitor at the school clinic or at one of the cleansing stations provided by the County District Authorities.

During the year 1954 the health visitors reported 1,157 individual children as having verminous heads or bodies or having nits in the hair. Figures for the five years 1950-1954 are given below :—

	1950	1951	1952	1953	1954
Number of visits to Schools by nurses for all purposes	14,742	13,672	14,874	14,174	13,387
Cases with nits in the hair	6,827	4,130	3,721	2,341	2,178
Cases with lice in the hair	466	240	283	220	179
Cases with verminous bodies	10	17	11	3	12
<i>Exclusions—</i>					
1st Time	642	513	367	264	363
2nd Time	114	111	68	42	67
3rd Time... ..	26	66	29	7	38

Only one case of neglect to give proper attention to dirty or verminous conditions was referred to the National Society for the Prevention of Cruelty to Children. Following visits by the Society's Inspector, the case improved and treatment was obtained.

In the course of the year 28 children with dirty heads were cleansed at cleansing stations. This was a considerable reduction on the previous year when 54 children were cleansed.

MEDICAL TREATMENT.

(a) Minor Ailments.

The principal ailments treated at the minor ailment clinics are ringworm, scabies, impetigo, ear disease and external disease of the eyes. Details of the number of such cases treated are given in table IV. The total number of minor ailments treated at the clinics during 1954 was 10,809: the corresponding figure in 1953 was 11,174.

(b) Eye Diseases, Defective Vision and Squint.

Table IV (group 2) gives an analysis of the treatment provided for visual defects. Orthoptic treatment is the responsibility of the Regional Hospital Board and children requiring this are referred to those hospitals where facilities exist.

(c) Dental Defects.

Information concerning the school dental service will be found in the Principal School Dental Officer's report on page 73 and in Table V.

(d) Orthopædic and Postural Defects.

Three clinics staffed by sessionally employed orthopædic surgeons continued to be held; two of these are held in the Borough of Guildford and one in the Borough of Wimbledon. A total of 337 children made 468 attendances during the year.

In addition to these clinics, the Committee's physiotherapists undertook the remedial treatment of school children at clinics and schools during the year as follows:—

REMEDIAL TREATMENT CLINICS.

Centre.							No. of Sessions During Year.	No. of New Cases Admitted.	No. of Cases Discharged.
NORTH WESTERN	Byfleet	...	...	...	...	...	35	10	10
	Camberley	...	...	...	...	...	73	54	38
	Chertsey	...	...	...	...	...	35	17	21
	Egham	...	...	...	...	...	78	63	63
	Hersham	...	...	...	...	...	37	22	26
	New Haw	...	...	...	...	...	38	33	39
	Walton	...	...	...	...	...	26	27	34
CENTRAL	Epsom	...	...	...	...	...	43	30	13
	Ewell	...	...	...	...	...	47	63	60
	Leatherhead	...	...	...	...	...	134	103	66
	North Cheam	...	...	...	...	...	95	86	83
SOUTHERN	Sutton	...	...	...	...	...	91	54	58
	Horley	...	...	...	...	...	36	17	28
	Oxted	...	...	...	...	...	80	31	31
	Reigate	...	...	...	...	...	72	72	91
SOUTH EASTERN	Caterham	...	...	...	...	...	81	71	71
	Purley	...	...	...	...	...	192	120	145
NORTHERN	Barnes	...	...	...	...	...	49	26	7
	Ham	...	...	...	...	...	49	35	11
	Richmond, Windham Road	...	...	...	...	...	45	57	24
	Richmond, Sheen Road	...	...	...	...	...	44	36	14
SOUTH WESTERN	Ash	...	...	...	...	...	34	21	34
	Cranleigh	...	...	...	...	...	35	21	22
	Farnham	...	...	...	...	...	36	15	22
	Godalming	...	...	...	...	...	35	29	23
	Guildford, Stoke Road	...	...	...	...	...	85	60	96
	Guildford, Stoughton	...	...	...	...	...	83	41	83
	Haslemere	...	...	...	...	...	35	29	23
	Shalford School	...	...	...	...	...	21	17	12
NORTH EASTERN	Wimbledon	...	...	...	...	...	85	35	18
MID-EASTERN	Carshalton	...	...	...	...	...	288	67	52
	Wallington	...	...	...	...	...	254	205	223

(e) Diseases and Defects of Ear, Nose and Throat.

The treatment of minor diseases of the ear, nose and throat were undertaken at minor ailment clinics and in addition the services of a part-time aural consultant continued to be available in the Borough of Guildford. Children requiring operative treatment were referred to the appropriate hospitals for their area. Details of such treatment are given in Table IV.

(f) Ultra-Violet Light Treatment.

During 1954, 562 children made 6,076 attendances at artificial sunlight treatment clinics held at Cheam, Leatherhead, Mitcham, Sutton and Wallington.

(g) Health Visitors.

The work of the health visitors embraces all aspects of the school health service in the schools, in the clinics and in the pupils' homes. Children with physical or mental handicaps may, in certain circumstances, be provided with special educational treatment from the age of two years, and in such cases unless care were taken, there would be a danger of an overlap of the maternity and child welfare service with the school health service. In practice, however, no such overlap exists as the health visitors cover both fields. Indeed the two services are so integrated that when the normal child commences school at five years of age the change from one service to the other is purely an administrative one, an arrangement which does much to foster the confidence of both children and parents.

The health visitor's duties under the school health service mainly consist of following up in the homes of children found to have defects at medical inspections at school clinics and routine medical and hygiene inspections at schools. An analysis of the work of the health visitors during the year 1954 is given in the following tables :—

A. HOME VISITS.

Division.	Infectious or contagious disease.	Vermineous or uncleanness.	T. and Obs.	E.S.N.	Absent from school Clothing Problem.	Ineffectual.	Miscellaneous.	Total Visits.
N.W. ...	477	148	1,219	189	47	343	539	2,962
C. ...	240	90	541	188	14	194	488	1,755
N.C. ...	108	176	885	103	11	162	385	1,830
S. ...	886	52	444	117	48	75	660	2,282
S.E. ...	96	36	278	33	32	15	113	603
N. ...	52	30	207	106	12	22	59	488
S.W. ...	475	249	807	193	60	156	408	2,348
N.E. ...	80	92	569	81	—	145	311	1,278
M.E. ...	113	96	308	70	—	92	62	741
TOTAL ...	2,527	969	5,258	1,080	224	1,204	3,025	14,287

B. FIXED APPOINTMENTS.

Division.	M.I.	G.M.C.	Clean.	Eye.	Other.	Total Fixt.
N.W. ...	526	482	418	199	165	1,790
C. ...	385	292	369	134	387	1,567
N.C. ...	527	560	397	195	375	2,054
S. ...	439	330	304	139	151	1,363
S.E. ...	252	106	128	104	173	763
N. ...	227	519	121	79	104	1,050
S.W. ...	539	361	354	255	246	1,755
N.E. ...	896	524	271	194	—	1,885
M.E. ...	308	387	182	44	202	1,123
TOTAL ...	4,099	3,561	2,544	1,343	1,803	13,350

HANDICAPPED PUPILS.

It is the duty of the County Council to make suitable provision for handicapped pupils in the County. The School Health Service and Handicapped Pupils Regulations, 1953, specify ten categories of Handicapped Pupils, namely :—

Blind.	Epileptic.
Partially sighted.	Maladjusted.
Deaf.	Physically handicapped.
Partially deaf.	Delicate.
Educationally subnormal.	Speech defect.

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. The blind and the deaf must be educated in special schools unless the Minister approves otherwise, but many children in the other categories can receive appropriate education in the ordinary schools if suitable special provision is made.

The provision of special educational treatment for handicapped pupils in special schools and hostels was again increased during the year. At the end of 1954, 1,297 Surrey pupils were attending special schools compared with 1,184 at the end of 1953.

In May of 1954 the provision made by the Education Committee for handicapped pupils was increased by three further special schools. The Carew Manor Day Special School, Church Road,

Beddington, and the St. Philip's Day Special School, Leatherhead Road, Chessington (age range 7-16 years) accepted initially 60 and 40 pupils respectively. It is hoped that within the next twelve months the full accommodation of 120 and 100 places will become available and be filled. In addition the Nutfield Priory Boarding Special School for the Deaf at Nutfield, Redhill, opened with 30 pupils. It is eventually hoped to accommodate 80 children between the ages of 12 and 16 years.

The Committee have recently approved, in conjunction with the Berkshire and Hampshire Local Education Authorities, a scheme whereby in future, and for a trial period in the first instance, the Portley House Boarding Special School at Caterham will accept only children of junior school age (instead of the present age range of $4\frac{1}{2}$ -5 years to 11+ years). Twenty extra places will become available during 1955. The Berkshire Education Committee's Donnington Lodge School at Newbury, Berks, accommodating 80 children is to accept nursery and infant Surrey deaf children who with certain other children on reaching junior school age will be transferred to the Portley House School. The remaining children at Donnington Lodge School on reaching junior school age will be transferred to the Hampshire Education Committee's St. Thomas' School for the Deaf at Basingstoke. It is then intended that the children from both the Portley House and St. Thomas' Schools shall be transferred on attaining secondary age, 12 years, to the Education Committee's Nutfield Priory Boarding Special School where they will remain until reaching school leaving age. This scheme will enable the children at the Portley House School who will be of junior age range only, instead of the present infant and junior range, to be more precisely graded, thus assisting in more effective classification and teaching.

The following special schools and hostels had been provided by the Education Committee up to the end of the year :—

Educationally Sub-Normal.

				<i>Accommodation.</i>	<i>Age Range.</i>
Gosden House Boarding School, Bramley	...	...	...	{ 80 girls 20 boys 20 mixed (day)	5—16 5—10
St. Nicholas Boarding School, Redhill	...	...	...	{ 100 boys 20 boys (day)	10—16
Carew Manor Day School, Wallington	...	...	...	77 mixed (eventually 120)	7—16
St. Christopher's Day School, Mitcham	...	...	...	110 mixed	7—16
St. Philip's Day School, Chessington	...	...	...	46 mixed (eventually 100)	7—16
The Mansion, Leatherhead (Special class)	...	...	...	15 mixed	8—13

Delicate.

Limpsfield Grange Boarding School, Limpsfield	...	...	...	30 mixed (eventually 60) girls boys	5—16 5—10
Sunnydown Boarding School, Guildford	...	...	...	40 boys	10—16
Bedelsford Day School, Kingston-upon-Thames	...	...	...	72 mixed (including spastic unit)	5—16

Deaf.

Portley House Boarding School, Caterham	...	...	...	20 mixed (eventually 40)	7—11
Nutfield Priory School, Nutfield	...	...	...	34 mixed (eventually 80)	12—16

Maladjusted.

Starhurst Hostel, Dorking	...	...	...	25 boys	11—15
Thornchase, Grove Road, Merrow, Guildford	...	...	...	20 mixed girls boys	5—15 5—10

Special Schools in Hospitals.

Queen Mary's Hospital, Carshalton.
Rowley Bristow Orthopaedic Hospital, Pyrford, Woking.
Tadworth Court Hospital, Tadworth.

The following table shows the number of handicapped pupils who were in day or boarding special schools at the 31st December, 1954, with comparative figures for 1953 :—

Category.	1953			1954		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Blind	8	16	24	6	14	20
Partially sighted	25	15	40	29	21	50
Deaf	61	47	108	62	41	103
Partially deaf	14	11	25	15	14	29
Delicate	129	103	232	131	72	203
Educationally sub-normal	263	174	437	339	218	557
Epileptic	16	10	26	13	7	20
Maladjusted	100	24	124	108	22	130
Physically handicapped	87	78	165	100	81	181
Speech defect	1	2	3	2	2	4
Total	704	480	1,184	805	492	1,297

Of the 1,297 children, 678 were pupils in the Committee's own special schools and hostels, the remainder being accommodated in schools maintained by other local education authorities, voluntary or private bodies.

Convalescent Treatment.

There were 195 children admitted to convalescent homes during the year, a considerable reduction on the previous year when the number was 252. The normal period of stay varies from two to four weeks.

SPECIAL FORMS OF TREATMENT.

(a) Child Guidance.

The clinic at Sutton was restored to full-time during the year whilst the Guildford, Malden, Reigate, Wimbledon and Woking clinics continued as before at six sessions a week.

The number of new cases referred during 1954 to child guidance clinics was almost identical with the previous year but most clinics managed to see rather a greater number of referrals than last year, selecting those children who were in more urgent need of treatment. This resulted in a shorter overall waiting list although the number of cases under supervision, as distinct from intensive treatment, increased.

The importance of referral of children at an early age continues to be stressed by the medical directors of the clinics. To give one example, five children of superior ability referred to the Sutton clinic at ages of 10 and 11 years because of poor school work were found to be many years retarded in reading. These children, whose general level of intelligence was such that they would be capable of benefiting greatly by grammar school education, were handicapped in the 11 plus examination because help was sought too late in their primary school career.

The Committee's two hostels for maladjusted children continued to do good work throughout the year and in the majority of cases the response to a stable and happy environment, and sympathetic and consistent handling, resulted in a marked diminution of the children's symptoms. Starhurst hostel which admits older boys was fully occupied throughout the year but staffing difficulties at Thornchace hostel, admitting girls and young boys, necessitated limiting the intake for some months.

The following table gives details of the number of cases referred to and seen at the clinics during last year.

CLINIC	Guildford	Malden	Reigate	Sutton	Wimbledon	Woking	Total
No. of Cases Referred during Year ...	142	139	100	164	89	63	697
No. of New Cases seen ...	127	95	96	133	88	51	590
No. of Cases Discharged ...	85	86	58	58	59	32	378
Analysis :—							
(a) Treatment Completed ...	33	29	29	20	9	18	138
(b) No Treatment Required ...	18	43	4	24	22	6	120
(c) Non Co-operation of Parents ...	3	4	6	5	5	—	23
(d) Other Arrangements Made ...	31	10	19	9	23	8	100
No. of Cases Under Treatment at End of Year	58	33	29	62	37	22	241
No. of Cases Under Supervision at End of Year ...	143	93	167	71	112	4	590
No. of Cases Withdrawn from Waiting List During Year...	21	27	11	66	2	12	139
No. of Cases Remaining on Waiting List at End of Year ...	40	63	11	57	9	21	201
No. of Interviews by Psychiatrists ...	1,458	854	1,010	1,429	856	777	6,384
Analysis :—							
(a) With Children for Examination ...	123	89	86	149	86	197	730
(b) With Children for Treatment ...	813	508	663	913	633	503	4,033
(c) With Parents ...	395	155	236	334	127	29	1,276
(d) With Others ...	127	102	25	33	10	48	345
No. of Sessions Held :—							
(a) Psychiatrists ...	325	283	349	404	308	291	1,960
(b) Educational Psychologists...	310	286	284	425	300	288	1,893
(c) Play Therapist...	86	—	—	203	255	—	544
(d) Psychiatric Social Workers ...	468	444	468	549	525	468	2,922

(b) Speech Defects.

There were 27 Speech Clinics in operation at the end of the year at which a total of 89½ treatment sessions were held each week. New clinics were opened during the year at Camberley and Morden and regular sessions were held at Carew Manor, Gosden House, St. Nicholas and St. Philip's Special Schools, and at the Spastic Unit attached to Bedelsford Day Special School. 1,431 individual children were treated during the year compared with 1,269 in 1953, mainly for stammer, lisp and under-developed speech. Of these, 222 were discharged as cured, 169 discharged as greatly improved, 115 discharged as showing some improvement and 51 as showing little or no improvement. A table showing the work of the Speech Therapists in 1954 is given at the end of this report.

INFECTIOUS DISEASES.

The following tables give the number of notifications of cases by head teachers and the total exclusions on account of the principal infectious diseases during 1954 :—

Disease.	Suffering.	Excluded on Suspicion.	Infection at Home.	Total Exclusions
Small Pox ...	—	—	—	—
Diphtheria ...	1	9	13	23
Scarlet Fever ...	556	38	165	759
Enteric Fever ...	2	—	2	4
Measles ...	1,073	4	36	1,113
Whooping Cough ...	1,148	74	59	1,281
German Measles ...	514	3	7	524
Chicken-pox ...	4,917	19	137	5,073
Mumps ...	5,382	42	118	5,542
Jaundice ...	70	—	5	75
Other ...	314	150	71	535
Totals ...	13,977	339	613	14,929

CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on Suspicion.	Total Exclusions.
Ringworm	41	1	42
Impetigo	42	—	42
Scabies	30	—	30
Other	46	1	47
Totals	159	2	161

Tuberculosis in Schools.

During the year twenty-six special investigations were undertaken (nineteen in maintained schools and seven in private schools) as a result of the notification as suffering from tuberculosis of a child or a teacher attending the school. In each case, the parents were informed that a case of tuberculosis among either pupils or staff had occurred and an offer of Mantoux testing with, if necessary, an X-ray examination to follow was made. The great majority of parents accepted the offer. A school medical officer visited the school and Mantoux tested the children and the Mantoux positive children were subsequently X-rayed by arrangement with the Mass Radiography Units or the Chest Clinics.

In all, 3,808 children were Mantoux tested and of these 654 or just over 17 per cent. were found to be Mantoux positive. This is rather higher than the proportion of Mantoux positives in other groups of corresponding age in the county but it is interesting to note that in certain of the schools the proportion of Mantoux positives was very much higher : for example, in one school, 44 out of 94 children tested were positive, in another 35 out of 87.

Either as a direct consequence of these epidemiological investigations or in the course of them, nine cases of active tuberculosis came to light. As an illustration, a brief account of two of the investigations is given herewith :—

(1) A notification was received on 17th August, 1953, of a case of tuberculosis in a child attending a girls' school (case 1). An investigation was carried out at the school and 75 of her class-mates were Mantoux tested : none of these children was found to have active tuberculosis although 59 of them were Mantoux positive. Subsequently, however, two of the children attending the school but who had not been Mantoux tested were notified on 2nd September and 15th October respectively as suffering from pleural effusion and hilar adenitis (cases 2 and 3). Since neither of these children was infectious no further investigation was done at that time. However, on 26th August, 1954, a further notification of a child from the same school was received (case 4) and it was decided to Mantoux test the entire school. In this survey 279 children were Mantoux tested and 66 were positive : among the latter X-ray investigation brought to light a further case (case 5). The whole school was again Mantoux tested in January, 1955, but no further cases were discovered.

(2) On 9th September, 1954, a boy attending a private school (138 pupils) in a rural district was notified as suffering from tuberculosis (case 3). An investigation was carried out at the school : of the 87 children who were Mantoux tested, 35 were positive. These children were X-rayed and as a result, one child was after full investigation found to be suffering from active tuberculosis and was notified on 21st December (case 4). Subsequently, in February, 1955, a teacher at the school who had refused to be X-rayed when the investigation was under way, was notified as suffering from tuberculosis (case 2). It transpired that the wife of the teacher had been notified in 1952 when the family were living in another part of the County (case 1). She had been there known to the chest clinic which had endeavoured to follow up the contacts, but her husband had throughout refused X-ray even though she had a positive sputum.

DIPHTHERIA IMMUNISATION AND VACCINATION.

The responsibility for immunisation and vaccination is placed on the local health authority by Section 26 of the National Health Service Act, 1946, and details of the work carried out in 1954 are described in the County Medical Officer's annual report.

One case of diphtheria in a school child was notified during the year.

PROMOTION OF HEALTH.

I am indebted to the Chief Education Officer for the notes under this heading.

(a) Physical Education and Swimming.

In many ways more progress has been shown in Physical Education during this year than in any year since the end of the war.

1. There has been a marked improvement in changing and dressing correctly for physical activities and games.

2. Many teachers, particularly in primary schools, have grown more accustomed to changed methods and the new ideas put forward in recent publications of the Ministry of Education, and their enthusiasm for the new work is growing.
3. Most schools can claim some improvement in the level of equipment and facilities for the subject. The introduction of climbing apparatus in many primary schools has given a new impetus to the work and should prove an all-round benefit to those children who experiment and work on it regularly. Reports already suggest that there is a noticeable gain in skill, mobility, confidence and ease of movement in such children and that postural defects are rather less common than in previous years.
4. Playing areas, both hard surface and grass, have been extended during the year and their quality has been improved. The majority of schools are now reasonably well served for games and sports, and full advantage is being taken of these facilities whenever the weather allows.
5. There are, of course, still many schools with little or no indoor accommodation for physical education, and progress at such schools is largely dependent on good weather. As much as possible is being done to help such schools in planning their work and in acquiring the use of outside halls for P.T., dancing and games.
6. Many courses for men and women teachers of physical education have, as usual, been organised and run at centres in various parts of the County. There have also been courses for school leavers (girls) in outdoor activities, and specialised courses in games and athletics for coaches in clubs and youth organisations. More courses, especially for men teachers of junior boys, are still much needed, and steps are being taken to meet this need as far as possible in the present educational year.
7. The arrangements for swimming over the County and the general standards reached are much the same as in previous years. Many more children, however, are becoming members of swimming clubs both before and after leaving school, and this should soon lead to a noticeable improvement in swimming and life-saving skill.

On the whole the year can be regarded as one showing steady progress.

(b) Open Air Education.

(i) SUMMER CAMP.—The Henley Fort camp was opened for 17 weeks from 1st May to 28th August and during this period no serious illness occurred. The following statistics are given for 1954 together with those for the preceding year.

	1953 (32nd season)	1954 (33rd season)
Number of children	453	445
Number of teachers	29	28
Number of schools	9	9
Average cost of food per head per week ...	15/0 $\frac{3}{4}$ d.	16/8 $\frac{1}{2}$ d.
Number of weeks	19	17

(ii) SHEEPHATCH CAMP SCHOOL.—Throughout 1954 there was accommodation for 180 children and 15 teaching staff, together with a qualified nurse and permanent domestic staff. Children continued to be recruited voluntarily from all parts of the county from the age of 13 upwards.

The health at the Camp School continued to be excellent.

(c) Provision of Meals and Milk.

The following table gives statistics as to the number of day pupils receiving milk and mid-day meals at school on a day in October, 1954 :—

No. in Attendance.	Total No. of Mid-day Meals Supplied.	No. Supplied Free of Cost.	Total No. of Children Having Milk Free of Cost
161,175	94,236	4,131	139,326

All departments were being supplied with canteen meals at the end of the year.

The arrangements for the supply of school milks by local offices of the Ministry of Food in consultation with Area Milk Officers terminated at the end of September when these local offices were closed.

The Chief Supplies Officer invited tenders for the supply of milk to schools in accordance with Ministry of Education Circular 278. The conditions of contract specify that the milk should be pasteurised and all schools are now receiving pasteurised milk.

FURTHER EDUCATION AND TRAINING OF DISABLED PERSONS.

At 31st December, 1954, the Education Committee was responsible for the maintenance and training at residential institutions of 12 handicapped persons over special school leaving age.

EMPLOYMENT OF CHILDREN.

During the year 4,385 children were medically examined as to their fitness to take part-time employment and of these only 6 were found to be unfit. The examinations are undertaken by the school medical officers at the clinic nearest to the homes of the applicants and in all 6,397 examinations and re-examinations were carried out for this purpose.

56 licences were applied for during the year for pupils to take part in entertainments. All these children were examined by school medical officers and all were found to be fit.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1954.

At the end of the year 1954 the staff of dental officers consisted of 31 full-time and 1 part-time salaried officers, and 28 officers on part-time sessional engagement. Their value to the dental services as a whole was the equivalent of 44.9 full-time officers and to the school service alone 41.

Comparing this statement with the opening paragraph of my report for the year 1953, it will be noted that the increase in full-time permanent staff was one only, showing that it is still difficult to find young dental surgeons desiring to accept local authority service as a full-time career.

Table V shows statistics for the year. The conclusions to be drawn from comparison of these figures with those for the previous year are that more children received routine inspection, more were referred for treatment, but fewer were actually treated. Against this it should be noted that there was an increase in the amount of treatment provided, and it follows that the individual child attending the school dental clinic is now receiving a fuller dental attention.

Although, from the evidence of the school service records it would appear that many children in need of treatment remain untreated, this is not so, as a large proportion of these receive the necessary attention outside the service.

It may be assumed with reasonable confidence that any child requiring treatment and whose parents wish him to have treatment is receiving attention, but the fact remains that the school dental service is not providing all of that attention.

In the treatment provided, decreases in general anaesthetics and in the number of deciduous teeth extracted indicate a continuance of the desirable tendency towards conservation.

The work carried out by orthodontists has no definite place in Table V, but appears there among other operations, nor does Table V show the work of the oral hygienist or that of the dental laboratory.

Orthodontia.

Two full-time and four part-time officers provide the specialist orthodontic treatment for the school service, while 40 clinic officers carry out a certain amount of orthodontic treatment during routine clinic sessions. An accurate statement of work done under this heading should be available for 1955, but for the year under review a near assessment can be made.

For inspection and treatment specifically orthodontic about 9,500 attendances were made, 1,200 of which were first attendances for treatment. Over the year the number of orthodontic appliances provided was in the region of 2,500.

Oral Hygienist.

The duties of the oral hygienist are scaling and polishing of teeth, the application of caries deterrents, and education in oral hygiene by means of instruction to individual patients or talks to groups. During the year a total of 2,471 patients were treated, of which 2,407 were children and a total of 108 hours were devoted to instruction. The instructional side of the hygienist's duty could be developed with advantage. Such development would require the engagement of more hygienists.

The County Dental Laboratory.

The staff of dental technicians at the County Laboratory remained as for 1953 at one senior technician in charge with four assistants. The output of work for 1954 showed an all over increase of 737 operations. An analysis of the work done in 1954 in connection with the school dental service is given here :—

Orthodontic Appliances.	Dentures.	Repairs.	Crowns.	Inlays.	Reference Models.	Other Operations e.g. Bite Blocks, Try-ins, etc.
1,566	189	157	30	4	2,004	97

These figures represent 85 per cent. of the total work done at the laboratory.

The services of outside technicians are still being used, the apportionment being about 65 per cent. of the Council's dental mechanics to the County Laboratory and 35 per cent. to outside technicians.

It should be added here that dental officers find more frequent need for dental X-rays, and consideration as to the adequacy of X-ray facilities is becoming necessary.

In conclusion, the demands on the School Dental Service continue to increase consequent on a growing population, a greater public consciousness of the desirability for conservative treatment, the growing interest in orthodontia on the part of the public and the profession : and the limitation on the service continues to be the difficulty in recruiting sufficient dental officers, particularly to the whole time staff : about 50 per cent. of the dental staff at present are temporary and part-time.

D. M. McCLELLAND,

Principal School Dental Officer.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	18,105
Second Age Group	16,989
Third Age Group... ..	13,186
Total	48,280

Number of other Periodic Inspections	23,190
Grand Total	71,470

B.—OTHER INSPECTIONS.

Number of Special Inspections... ..	16,363
Number of Re-Inspections	20,119
Total	36,482

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	146	2,070	2,177
Second Age Group	1,037	1,622	2,552
Third Age Group	867	766	1,585
Total (prescribed groups)	2,050	4,458	6,314
Other Periodic Inspections... ..	1,107	2,525	3,471
Grand Total	3,157	6,983	9,785

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring observation. (3)	Requiring treatment. (4)	Requiring observation. (5)
Skin	686	1,033	1,545	78
Eyes—				
(a) Vision	3,157	2,962	2,159	730
(b) Squint	615	780	151	77
(c) Other	285	383	444	87
Ears—				
(a) Hearing	187	496	222	174
(b) Otitis Media	91	578	72	25
(c) Other	87	223	256	52
Nose or Throat... ..	1,260	5,519	1,520	467
Speech	271	521	276	109
Cervical Glands... ..	243	2,561	79	98
Heart and Circulation... ..	217	794	71	71
Lungs	256	1,403	166	111
Developmental—				
(a) Hernia	40	165	20	3
(b) Other	69	635	44	26
Orthopaedic—				
(a) Posture... ..	711	1,951	153	86
(b) Flat foot	1,059	1,643	159	65
(c) Other	870	2,625	416	216
Nervous System—				
(a) Epilepsy	35	79	9	12
(b) Other	77	301	119	60
Psychological—				
(a) Development	128	306	88	29
(b) Stability	87	634	106	62
Other	607	1,490	2,633	712
Total	11,038	27,082	10,708	3,350

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. (2).	No.	% of Col. (2).	No.	% of Col. (2).
(1)	(2)	(3)	(4)	(5)	(6)	(7).	(8)
Entrants	18,105	8,429	46.56	9,299	51.36	377	2.08
Second Age Group	16,989	8,543	50.28	8,103	47.70	343	2.02
Third Age Group	13,186	6,261	47.49	6,690	50.73	235	1.78
Other Periodic Inspections	23,190	10,883	46.93	11,785	50.82	522	2.25
Total	71,470	34,116	47.73	35,877	50.20	1,477	2.07

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	388,765
(ii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1,157
(iii) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

	Number of cases treated or under treatment during year.	
	By the Authority.	Otherwise.
Ringworm—		
(i) Scalp	4	—
(ii) Body	16	4
Scabies	31	—
Impetigo	167	16
Other skin diseases	1,993	246
Total	2,211	266

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	944	75
Errors of Refraction (including squint)	9,970	832
Total	10,914	907
Number of pupils for whom spectacles were :—		
(a) Prescribed	5,963	347
(b) Obtained	5,076	346

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment :—		
(a) for diseases of the ear	—	24
(b) for adenoids and chronic tonsillitis	—	1,591
(c) for other nose and throat conditions	—	23
Received other forms of treatment	1,189	327
Total	1,189	1,965

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	227	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments... ..	3,088	1,235

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	594	20

GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ...	1,431	12

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	5,995	366
(b) Other than (a) above :—		
1. Cervical Glands	46	48
2. Heart and Circulation	110	54
3. Lungs... ..	167	156
4. Development... ..	31	91
5. Nervous System	116	65
Total	6,465	780

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected :—						
(a) Periodic age groups ...	...	...	...	...	...	115,681
(b) Specials ...	...	...	...	...	...	14,657
Total (1)...	...	...	...	...	...	130,338
(2) Number found to require treatment ...						
(3) Number referred for treatment ...	...	...	...	...	...	80,172
(4) Number actually treated ...	...	...	...	...	...	76,334
(5) Attendances made by pupils for treatment ...	...	...	...	...	...	46,769
						125,353
(6) Half-days devoted to :—						
Inspection ...	...	...	...	...	...	1,177½
Treatment ...	...	...	...	...	...	15,881
Total (6)...	...	...	...	...	...	17,058½
(7) Fillings :—						
Permanent Teeth...	...	...	...	...	...	71,836
Temporary Teeth...	...	...	...	...	...	14,311
Total (7)...	...	...	...	...	...	86,147
(8) Number of teeth filled :—						
Permanent Teeth...	...	...	...	...	...	61,151
Temporary Teeth...	...	...	...	...	...	12,953
Total (8)...	...	...	...	...	...	74,104
(9) Extractions :—						
Permanent Teeth...	...	...	...	...	...	8,509
Temporary Teeth...	...	...	...	...	...	40,680
Total (9)...	...	...	...	...	...	49,189
(10) Administration of general anaesthetics for extraction ...	...	...	...	...	...	21,181
(11) Other operations :—						
Permanent Teeth...	...	...	...	...	...	31,930
Temporary Teeth...	...	...	...	...	...	12,159
Total (11)	...	...	...	...	...	44,089

SPEECH THERAPY.
STATISTICAL REPORT FOR YEAR 1954.

Clinics.	St. Philips.	Carew Manor.	Barnes.	Camberley.	Catherham.	Chertsey.	Dorking.	Egham.	Epsom.	Farnham.	Godalming.	Guildford.	Hook.	Kingston.	Spasite Unit.	Leatherhead.	Lingfield.	Malden.	Mitcham.	Morden.	Mortlake.	Purley.	Reigate.	Richmond.	Surrey.	Sutton.	Wallington.	Walton.	Wimbledon.	Working.	St. Nicholas Special School.	Gosden House Special School.	Total.	
No. of Sessions held :—																																		
Treatment	16	10	42	52	103	129	82	82	162	96	86	335	68	111	129	94	27	175	139	71	87	141	154	177	120	162	166	168	173	305	71	70	3,803	
Consultation	—	5	1	—	1	3	—	5	3	—	2	40	2	43	2	—	1	2	3	4	—	10	2	2	2	2	7	8	2	44	4	—	210	
Number of Cases :—																																		
On Register at beginning of year																																		
Added during year	9	15	7	27	25	13	8	21	37	22	14	62	13	21	10	14	5	37	25	—	13	28	42	19	20	44	37	45	47	36	16	15	717	
Discharged during year	—	—	11	9	13	8	8	25	33	24	14	39	15	18	3	14	6	38	45	55	14	27	24	33	13	36	35	28	27	26	7	14	714	
Remaining at end of year :—																																		
Under treatment	9	15	12	18	30	27	18	18	47	26	10	60	17	18	11	14	8	54	30	40	17	28	48	25	18	56	48	52	39	32	15	14	874	
Awaiting admission	3	2	—	5	1	6	4	6	15	6	3	39	4	13	—	12	1	10	34	12	3	15	14	4	3	12	9	12	8	40	—	1	297	
To be admitted next year	—	2	—	3	—	—	4	6	10	3	3	5	2	—	—	3	—	—	10	5	3	—	8	7	2	7	4	10	6	6	—	1	129	
Analysis of Cases :—																																		
1. Stammering																																		
2. Defects of Articulation :—																																		
(a) Dyslalia	3	4	10	16	18	16	11	24	20	25	15	67	16	24	1	15	2	51	33	29	14	23	41	34	17	40	40	43	43	20	2	16	733	
(b) Rhinolalia :—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(i) Cleft palate	—	—	3	—	1	1	2	1	4	1	—	3	—	2	—	—	—	4	2	4	—	2	2	—	—	7	2	4	2	2	—	2	51	
(ii) Nasal obstruction	1	—	—	—	1	1	—	—	—	—	2	—	—	—	1	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	9	
(c) Cluttering	—	—	—	—	—	2	—	—	7	1	—	2	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	1	—	1	5	
(d) Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	
(e) Dysarthria	1	2	—	—	1	1	—	—	6	—	—	1	1	—	9	—	—	1	1	—	1	2	1	1	1	2	3	—	—	—	2	1	36	
3. Aphasia																																		
4. Defects of Voice																																		
5. Defective Speech due to :—																																		
(a) Amentia	—	2	—	1	—	—	—	—	2	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	10	
(b) Deafness	—	—	—	—	—	—	1	—	2	—	—	3	—	1	—	1	—	—	2	—	—	—	—	1	—	1	1	3	—	2	1	21		
(c) Retarded Speech	2	2	3	1	7	1	3	8	4	6	1	6	—	4	—	1	5	3	13	10	—	10	6	1	4	8	8	5	5	17	9	3	151	
Analysis of Discharges :—																																		
Discharges who :—																																		
Achieved normal speech	—	—	2	3	3	4	3	9	14	3	10	16	3	11	—	8	3	12	8	4	3	12	10	14	6	11	5	8	21	10	1	5	222	
Were greatly improved	—	—	3	4	4	2	4	7	7	11	7	13	3	6	—	4	—	3	18	5	—	8	4	6	6	7	10	2	2	4	13	4	4	169
Showed some improvement	—	—	5	2	1	—	1	4	2	6	—	10	4	4	2	1	—	3	11	5	1	4	3	4	2	6	7	5	10	5	3	4	115	
Showed little or no improvement	—	—	1	—	5	2	—	5	—	—	1	2	1	—	—	1	—	3	3	1	6	3	1	3	1	—	—	2	6	—	2	2	51	
Cases discharged :—																																		
By Clinic	—	—	4	7	6	7	5	15	20	13	16	29	9	19	1	11	3	14	24	9	3	21	11	14	15	8	12	12	21	15	6	8	358	
Because of non-co-operation by parents	—	—	2	1	4	—	1	3	1	3	—	5	—	—	—	1	—	4	6	2	4	1	2	4	—	4	—	1	3	1	3	—	—	56
Left district	—	—	—	1	3	—	1	4	1	2	1	3	1	—	—	1	—	2	1	2	2	3	2	2	—	3	6	1	1	1	3	—	4	50
Transfer to special schools	—	—	—	—	—	—	1	1	—	—	—	1	1	1	1	—	—	—	—	—	—	2	—	2	—	4	2	—	—	9	3	—	2	29
For other reasons	—	—	5	—	—	1	1	2	1	2	1	3	—	1	—	1	—	1	9	2	—	—	3	5	—	5	—	3	5	3	6	2	1	64

